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"*Ut Ecclesia aedificationem accipiat.*"
1 Cor. XIV. 5.

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AMERICAN ECCLESIASTICAL REVIEW.

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CLERICAL STUDIES.

EIGHTEENTH ARTICLE.

MORAL THEOLOGY.—(III.)—CASUISTRY.

THE knowledge of Christian duty is conceivable, and is to be found, as a fact, among men in two different shapes; the one natural and informal, the other logical and systematic. The former is common, in some measure, to all Christians; the latter, the privilege of the few, constitutes the science of moral theology.

Like all sciences destined to guide human action toward any given end, moral theology, as we have already observed, is based on general principles, formulated in rules of more limited range, and brought down, in the shape of specific cases, close to the individual actions which it is its purpose to regulate. General principles include all; but of themselves they supply only the most imperfect guidance. "Respect the rights of others" is the supreme and all-comprising law of justice. But what are the rights of others? And how is due respect shown them? And how far does it extend? To answer these questions minor principles and rules have to be laid down: "Respect his life; respect his property; respect his character, his freedom of action," etc.; while other rules define practically in what shape and to what extent respect has to be shown them.

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So again the great law of charity. "Love one another," says our Lord. But it remains to determine in what measure and by what manner of action this love is to be shown. And so it is with all the great principles of the moral life. They are all clear in themselves, but they all need to be formulated in rules if they are to serve as standards of individual action.

This need was supplied originally by customs, later on by positive legislation, the result being a code of usages or laws by which right might be easily distinguished from wrong. But this method, while sufficient in most cases, was far from being so in all. Something of ambiguity often clung to the expressions of the law; doubts arose as to whether it was meant to extend to certain special cases; or the question was raised as to which should prevail of two laws that were in conflict, real or apparent, with one another. The difficulty was felt, not only in regard to positive, but also to natural law. Thus, truthfulness, for instance, is the acknowledged law of human intercourse; yet cases are occurring every day by the hundred in which it may be fairly questioned whether such and such modes of expression are, in the circumstances, truthful or not. The same may be said of almost every other law of duty.

This leads to new rules more precise and more particular still. But however much they may be multiplied to meet the ever changing circumstances, there will always continue to arise new cases in the combinations and in the surroundings of human actions, about which a question will remain whether they do or do not fall under one of these rules. To solve such questions is the business of the casuist. Each decision becomes in its turn a rule for similar cases, that is, entirely similar, because if similar only in some respects and different in others, a new case arises which may lead to a new decision.

This form of development is not proper to moral science: it is the outgrowth of all legislation. Wherever there is a code, casuistry of a kindred kind grows up around it. The numberless decisions, for instance, of the Congregation of

Rites are the casuistry of Liturgy. The very laws of good breeding give birth to a casuistry of etiquette. Indeed most of what is called law is scarce anything but casuistry. Until the period of its codification under the emperor Justinian, the Roman law was little more than a collection of "cases" or individual decisions, subsequently made into rules. Canon law was built exactly in the same fashion, that is, on pontifical rulings given on single cases. So also the common law of England, which, different from the statute law made by legislative enactments, rests entirely on the rulings of law courts and the opinions of eminent lawyers regarding single cases submitted to them. Statute law itself soon gathers around it a vast amount of similar cases which practically determine its interpretation, as may be seen in French, Belgian or Italian jurisprudence, or in the statutory jurisprudence of the United States.

This manner of development never comes to an end. New cases are ever arising to raise new doubts as to whether they do or do not fall under the common rule or law. The doubt is removed practically by the decision of a court, or by a legislative act, and for a short time matters flow on smoothly. But then comes a new case, not contemplated or not provided for in the previous decision. Is the difference essential or unimportant as regards the law? The question is raised and has to be decided. A new variety calls each time for a new decision, and as they are ever increasing with the very complexity of the law and of civilization in general, the work of legal casuistry has to go on forever.

Nor shall we find it to be different in regard to the Christian law. Christ Himself, while setting forth the great principles of the new life, vouchsafed to solve the cases of conscience put to Him by the Jews—how to deal with the woman caught in adultery—whether tribute might be paid to Cæsar, and the like. St. Paul in his Epistles solves a number of practical questions proposed to him by the faithful, or which he considered likely to perplex them. The Fathers are full of similar replies, and the Penitential Canons, which may be considered in a large measure as their

work, reflect faithfully the casuistry of the times in which they were established.

With the disappearance of the penitential discipline, the collection of canons, which had been hitherto the practical guide of confessors, gave way to a new form of manuals—the "Summæ" inaugurated by the great Dominican canonist, St. Raymund of Pennafort, continued, chiefly by the Franciscans, through the 14th and 15th centuries, and multiplied without end under various names in the following ages by all manner of theologians, secular and regular, but especially by the writers of the Society of Jesus.

Something of the science lingered in the Protestant churches during the 16th and 17th centuries; but, although one of the chairs in the University of Cambridge still bears the name, casuistry, as a systematic study, has disappeared from among them, partly for doctrinal reasons, but chiefly because they have discarded the practice of the confessional. The Ritualists in coming back to it have re-awakened an interest in the science, and many of them study it eagerly in Catholic manuals. The others are satisfied with what they find of it in the illustrations of moral philosophy, or in the ingenious essays of the periodical press, or in the problems discussed by the personages of modern fiction.[1]

In the Catholic Church the study has continued to be cultivated with unabated interest. It remains the most popular form of moral science, doubtless because no other is so practical. Casuistry, in fact, is in moral theology what therapeutics is in medicine, the very end and object of the science. To the student of moral theology it is indispensable for the proper intelligence of rules and principles. Hence we find it to-day the most living branch of the sacred science, spreading out into the various departments of human activity, old and new, and busy in applying the laws of Christian morality to every condition and every action of life. Wherever special duties bring with them special diffi-

1 Englishmen claim, not perhaps without reason, that "Boswell's Life of Johnson" is the best book of casuistry in the language.

culties and doubts, casuistry steps in to solve them. There is a casuistry for the lawyer, for the financier, for the journalist, for the public officer, for all, in short, who in their special need look for light and guidance to the Church. Like all things, even the best, it may have been occasionally abused; it may have been diverted, unconsciously or deliberately, from its original purpose and made to subserve unworthy ends. But *abusus non tollit usum.* The fault was not in the science, but in those who misapplied it, and they were the few, and their worst mistakes were promptly corrected by the strictures of the Church. Even thus corrected it may not, for reasons to be mentioned later on, reach as high a level as might be expected under the law of the Gospel; but if the bulk of Christians could only be led to live up to it as it stands, what a wonderful and blessed revolution the world would witness!

We have now to consider the share which individuals may be expected to take in sustaining, applying and completing this practical standard of Christian morality.

II.

Scientific casuistry, such as it is taught in the schools, is the domain of theologians only and of students in theology. Unprepared by special training, the lay mind invariably misapprehends its positions and gets lost in it, as may be seen in the articles which occasionally appear on the subject in our secular periodicals. But informal casuistry is the privilege and the practice of every rational being. All day long men are passing judgment on the actions of their fellow-men and determining their moral value. Each individual is and has to be his own casuist in most things. At every turn of life he has to decide for himself questions of right and wrong. Yet, guided by the principles which he imbibed in early life, by the prevailing opinions of those around him, or by his native sense of good and evil, he generally pronounces without any hesitation. The more common difficulties he also disposes of with a little reflection. It is only in cases of

rare occurrence, or of special intricacy, that he feels seriously perplexed. But when these occur, unless he belong to the Catholic Church, the condition of such a man is deserving of the sincerest sympathy. Conscientious, yet distrustful of his own judgment; anxious to remain faithful to duty, yet unable to discern it clearly; craving for guidance, yet reluctant to seek it, or despairing to find it in the counsels of any other man, he may have to walk for years with faint heart and uncertain step until some providential circumstance, or the slow working of his own mind, shall have at length—if at all—dispelled the darkness.

In such cases a Catholic at once turns to the priest, with the full assurance of learning the truth or, at the least, of exonerating himself from any further responsibility. The priest is truly, at all hours, the casuist of his people, generally familiar with their difficulties and prepared to remove them. Yet he too will be occasionally perplexed; but an easy way out of his perplexity is usually open to him in the familiar casuistry of the schools. Just as lawyer and judge turn, in cases of difficulty to the opinions of jurists and to the rulings of courts; or as the physician, when his personal experience is insufficient, consults the standard medical authorities and follows their suggestions; in the same way the guide of souls turns in cases of difficulty to the authorities in his own science, the great moral theologians, taking up their original writings, or confining himself to the summary of their decisions to be found in the manuals familiar to all students of theology. To follow them is always a safe and prudent course, for they ordinarily represent the judgment of the best trained and most enlightened minds, the accumulated wisdom of ages, conclusions sanctioned and followed by men full of the spirit of God, the sense, sometimes, and it may be the decisions of the Church herself. To depart, on the other hand, from a course thus strongly and distinctly marked out, and follow, in its stead, personal speculations or fancies, would argue great thoughtlessness, not to say contempt, for authority, and would well deserve the note of presumptuous rashness.

We speak in general and having in view cases regarding which theologians are at one. But there are many in which they differ to such an extent, that they cannot be looked upon as guiding in any definite direction. Or the difficulty which occurs may be new to theologians, as happens in the interesting case of "Ectopic Pregnancy" presently before our readers; or, like the question of hypnotism, it may have been touched only by a few. Besides, most moral rules, such as they are formulated, admit of exceptions: *v. g.* obedience to parents; avoidance of scandal, etc. Then precepts are frequently qualified by some extrinsic, accidental reason of necessity, advantage, pressure of some other duty, and the like, but only the principal and more common cases of exception have been or could have been defined by theologians. Or again, grave doubts may have arisen as to the solidity of the grounds upon which a certain manner of action was commonly held to be forbidden, and, as a further development, even the practice may come to be indulged in without much (if any) scruple by a portion of the community, notwithstanding the protest of theologians, as happened, for example, in the determination of prices, or the interest of money.

In all these cases, besides many more, casuistry itself with its numberless ramifications is an insufficient guide, and the inquirer, thrown back on his own resources, has to choose and to decide for himself, just like the judge who, on certain occasions, finds only contradictory precedents, or no precedent at all to go by.

It may not be amiss to consider briefly how the work of moral guidance may be still carried on in such circumstances by the priest whom we supposed to have been appealed to. To deal with the matter thoroughly, it would be necessary to open up the whole question of the value of casuistry, as it is found in the schools, of its rulings and its grounds, and of the varying degrees of certitude or probability which they offer. But this must be reserved for some other occasion. For the present we shall confine ourselves to conclusions, and even these of a general kind.

1. When a confessor finds theologians divided on any practical subject regarding which he has been consulted, first of all he is under no necessity of making up his mind in one sense or the other. So long as no reflex principle occurs to transform the doubt into a practical obligation, he may consider the inquirer as free to do as he likes. If he wishes to reach a personal judgment on the subject, he must weigh the authorities and the reasons on both sides, such as he has been able to ascertain them. It is by no means presumptuous in persons of average ability to hope to reach the truth with certainty, even where great minds are hesitant and divided. We claim to do so every day in similar questions of philosophy and of religion. The judgment, of course, will mostly follow the natural bias of the man. According as he is of a speculative or of a practical turn of mind, strict or lenient, he will lean to one side or the other. Sometimes a single theologian whose authority or wisdom he reveres will be decisive with him, or a recondite harmony felt by him between one of the contending views and his own philosophical or practical tendencies.

Even though his reflections may lead the confessor to a conviction of the existence of the obligation, he cannot compel his penitent to be guided by it. He may, indeed, apprize him of his personal conviction and exhort him to follow it, especially if he feels that it would be more beneficial to him to do so. But it may be that such an intimation would only serve to disquiet or dishearten him, in which case it were clearly better to abstain.

2. The same may be said of newly moved questions, so long as no authoritative decision, nor common agreement, nor conclusive reason has settled them speculatively or practically. An obligation, until it attains to consistency in the mind, either by inner development or by contact with reflex principles, can have no firm hold on the conscience.

3. General precepts, we have said, are liable to limitations, and one of the greatest difficulties of moral theology is to establish them properly. Take, for example, the duty of restitution. It ceases, theologians tell us, in presence of a

moral impossibility. But what, it will be asked, constitutes a moral impossibility? And in reply a certain number of rules or examples are given us, all helpful because they offer something definite so far as they go. But they do not, they can not, cover the whole ground. There are hundreds of cases which they leave untouched. How is our confessor to solve those he meets? In various ways. First, if he be inexperienced or distrustful of his own judgment, he will submit the case to another more competent. Or he may be guided by comparison or analogy. Considering the "causae excusantes" commonly admitted, he will examine whether that appealed to in the present instance is of equal importance, and if so, he will look upon it as valid. It is in this fashion that most of the difficulties under consideration are practically solved. If there is question, for example, whether such and such reasons dispense from fasting, from attending Mass, from relieving a person in need, from giving warning of danger, etc., the mind instinctively turns to reasons which are commonly considered a sufficient excuse, and by them forms some estimate of the dispensing value of the others.

Finally, as a matter of taste or as a matter of necessity, the confessor may go back to first principles, consider what gives rise to the obligation and whether the purpose of the law would be defeated or notably diminished if the reasons alleged were to be admitted as an excuse. Thus a certain degree of necessity might seem sufficient in some special cases to justify a man in making free with the property of another; but if by admitting such a reason it is felt that property itself would lose that security to which it owes its principal value, that reason is to be held insufficient.

4. The last case to be considered is that of a strong current of opinion running counter to the teachings of the schools. It is a case of especial difficulty, not however equally so in whatever matter it may happen. Thus, if the opposition arises and develops in regard to a positive law, it generally leads to a gradual weakening of the latter, ending in its abrogation by desuetude. But while the process goes on,

there is room for every degree of responsibility, from deliberate guilt to entire blamelessness, according to the stage which the opposition has reached and to the state of conscience of those who join in it.

Again, in all matters of justice, customs generally accepted have a much greater share in determining the measure of right and wrong than any abstract principles, the reason being that each one is supposed to consent to any limitation of rights established by the common practice of the community to which he belongs. In its earlier stages the custom is not strong enough to prevail against the rule of abstract right represented by theology, but where it has finally prevailed, theology has to accommodate itself to it.

The real difficulty is reached when we come to the decisions of casuistry which are supposed to rest on immutable laws, natural or divine.

If these decisions were to be considered infallible, that would end the question; no opposition to them, speculative or practical, would be of any avail. But casuists, even where agreed, are not infallible. They may not even be certain; for men may agree, and do agree in almost every branch of knowledge in adopting certain views and theories, not as demonstrated, but as the most plausible they can find. Hence casuists, like scientists, or like our courts of justice, even the highest, sometimes change their practice. Opinions unanimously held for a time are dropped; others, long objected to, prevail. Their authority, therefore, even when they agree, is a variable quantity—greater when they permit than when they forbid, greater when they lay down principles than when they draw conclusions, or apply them to special cases. A single dissentient voice, if it be one of weight, lessens their authority in a considerable degree[1]. It follows that in the case before us no absolute rule can be laid down. Speculative principles and practical necessities,

1 See on all this subject:—Bouquillon, Theol. Fundamentalis, Introd. n. 63 et seq. Melch. Cano, L. viii. Franzelin, th. xvii. Zaccharia, Diss oleg., op. S. Ligorii, etc.

the judgment of theologians and the common sense of the Christian community, authority and reason, all have to be listened to, and whatever the conclusion, if only prudence has guided the deliberations, due homage has been paid to the supremacy of the moral law.

We have supposed a sort of popular opposition to some decision of moral theology. But what is to be thought of individual opposition?

Pretty much what would be thought of it in any other matter. Men of only average ability who, in a matter of technical knowledge, choose to antagonize what is universally held by those of the profession, or who, in things of general interest, run counter to the common sense of their contemporaries, generally get credit for more courage than wisdom. So in theological matters, dogmatic or moral, to depart from the common teaching is rightly looked upon as rash and presumptuous. Yet what is denied to the many may be allowed to the few. In every sphere of knowledge, men of deep thought and powerful intelligence see farther than the crowd. They have broader and loftier intuitions of truth; subtile inductions and deductions, the correctness of which ordinary minds are slow to recognize, yet ultimately acknowledge. This is what makes them leaders of thought. As such they are privileged, and no fault is found with them if they occasionally depart from the beaten tracks.

The remark applies to the human element of theology as well as to the rest of human knowledge. Theology progresses by correcting what is mistaken as well as by expounding what is true, and it belongs to those who stand highest in the science to originate new departures. One cannot but be struck by the modesty and caution with which the greatest theologians have availed themselves of the privilege, putting forth their views in a tentative way, as hypotheses, convenient solutions and the like, and awaiting the encouragement, or at least the acquiescence, of the schools before venturing farther. The door once opened by them, less difficulty was felt to let others follow. "Unicus auctor," says Zaccharia (Dissert. prob. in Lig. cap. v, can. v),

"si sit omni exceptione major, afferatque rationem quam alii non considerarint, vel non satis solverint, ipse autem aliorum rationes commod solvat, quamvis doceat contra communem, poterit reddere opinionem probabilem."

Such is casuistry, as established by theology and as applied by the Catholic priest. What priest and people owe to it of fulness, distinctness and accuracy in the knowledge of duty; what follows, on its use, of peace to the mind and vigor to the will, is simply incalculable. It has its imperfections and its disadvantages, upon which our space does not permit us to dwell here. Happily, as we shall see, they may be extenuated indefinitely; but even untouched, they are as nothing compared with the advantages of a science which has always gathered its chief inspirations from faith in the Church, reverence for God and pity for human weakness.

JOHN HOGAN.

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THE DISCUSSION OF A NEW MORAL AND PHYSIOLOGICAL PROBLEM.

TESTIMONY OF THE MEDICAL PROFESSION.

INTRODUCTION.

IN the issue of November, 1893, the AMERICAN ECCLESIASTICAL REVIEW opened the discussion of a new moral and physiological problem. Three eminent theologians had contributed their solutions, but as the evidence on the physiological side had not yet been completed, no precise estimate could be formed of the value of these solutions, so far as they rested upon the data furnished by the medical profession. These we promised to set before our readers, and to-day we are enabled to give not a bare summary of the evidence, but the full testimony of the distinguished specialists, who have shown themselves so ready to communicate the results of their deep study and extensive practice. As the question is

moral as well as physiological, and comes within the range of the REVIEW chiefly on account of its moral aspect, a brief statement of the ethical principles which underlie the solutions may not prove unacceptable just at this point to the reader.

1.—In order that an action may be truly righteous, it must be good from its inception to its consummation ; that is to say, the object or specific purpose of the act, as well as the particular end held in view by the agent, must be legitimate ; moreover, the circumstances must be such that no right be violated. Thus, to relieve indigence is a noble work, but to do so in order to bribe voters, or with money to which others have a prior or superior claim, is wrong : in the one case, the intention of the giver, in the other, the neglected claims vitiate an act which, prompted by better motives or performed under different circumstances, would be entirely praiseworthy. Hence the old axiom : *Bonum ex integra causa, malum ex quocumque defectu.*

2.—No end, however legitimate, however excellent, can justify a resort to means that are in themselves wrong. Thus it is unlawful to take the life of an innocent human being even to save a whole nation. The man who said : "It is expedient for you that one man should die for the people, and the whole nation perish not," was already in his heart a murderer. There is, however, a great difference between killing *directly*, that is, by an act which is life-destroying or homicidal in itself, and causing the death *indirectly*, that is, by an act which has quite a different purpose, but which *accidentally* entails the loss of innocent lives. A general who, *in a just war*, destroys the defences of a city by artillery fire knows very well that some non-combatants shall lose their lives, yet his act is lawful ; but it would be quite a different matter if he trained his guns on innocent women and children, in order to compel the defenders to surrender at discretion. In the former case the taking of the city would be the object *directly* intended; the death of innocent persons would be a sad but accidental circumstance ; in the latter case, the murder of women and children would be *directly*

intended, and all the waters of the ocean could not wash away the blood stains from the hands of the inhuman butcher. In opening, either with an incandescent or with a cold knife the cyst which contains an embryo, does the physician kill the unborn child *directly*? or does he directly arrest the hemorrhage and indirectly cause the death of the embryo? This is a moot question which we shall not attempt to decide.

3.—If an action, good in its object, in its purposes and in its circumstances, happen to have two effects, the one good and intended, the other bad but not intended, the act is justifiable, provided (*a*) that it be necessary, (*b*) that the good overbalance or, at least, compensate the evil, (*c*) and that the evil be not *a means* toward the end, but only an adjunct which cannot be avoided. It is not allowable to kill the child in order to save the mother, or to kill the mother in order to save the child, but it is permissible and sometimes necessary to give the mother a drug which has for the mother a curative power, although it may at the same time cause a premature birth. But the drug must have a real therapeutic value and not cure the mother *solely* by causing abortion. If all the conditions above mentioned are fulfilled the good effect is intended directly, the bad effect is only permitted or tolerated.

4.—A being consisting of body and soul substantially united is a man, however undeveloped that man may be. At every stage of its life natural and inborn rights cling to it, even though it cannot exercise or enforce them. Both divine and human laws acknowledge these rights, and when the natural protectors are unable or unwilling to perform their duties, guardians are appointed by the proper authority, and receive the trust which parents or relatives should, if possible, have discharged. Hence it would be immoral to ignore the rights of helpless human beings under the pretence that they cannot by themselves exercise their rights. A baby is not a *thing* but a *person*; a fully formed embryo has already an immortal soul.

5.—The right of self-defence may go so far as to justify a

man whose life is threatened, in injuring or even killing the unjust aggressor. The ethical foundation of self-defence is this: Justice requires a sort of moral equation, and if a right prevails it must be superior to the right which it holds in abeyance. At the outset both the aggressor and his intended victim have equal rights to life, but the fact of the former using his own life for the destruction of that of a fellow-man places him in a condition of juridic inferiority with regard to the latter. If we may be allowed so to express it, the moral power of the aggressor is equal to his inborn right to life, less the unrighteous use which he makes of it, whilst the moral power of the intended victim remains in its integrity and has consequently a higher juridic value. When the person assailed cannot defend himself his right *can* and sometimes *must* be exercised by those who are bound in justice or charity to protect the innocent. At the dawn of human life the physician or surgeon stands as the natural protector both of the mother and of the child ; he is beholden to both.

6.—The right of self-defence is not annulled by the fact that the aggressor is irresponsible. The absence of knowledge saves him from moral guilt, but it does not alter the character of the act, considered objectively and in itself ; it is yet an unjust aggression, and in the conflict, the life assailed has yet a superior juridic value. The right of killing in self-defence is not based on the ill will of the aggressor but on the illegitimate character of the aggression. Now, an aggressor is *at least materially unjust* whenever he perpetrates an act destructive of the right of another. In normal pregnancies the child, although unconscious, has an inborn right to reach the exterior world by the way that nature has marked out for it : no juridic inferiority can arise from the fact that in using its right in accordance with the law of Nature, it accidentally imperils its mother. But when it attempts to cut another way not intended by nature, at the expense both of the life of another and of its own, can it be *materially right ?* Is it not *materially* an *unjust aggressor ?* When we speak of *ectopic* gestation, this is probably the very heart of the question.

7. In doubtful cases, the abnormal is not to be *assumed*, but *must be demonstrated*, according to the legal axiom: "In dubio, judicandum ex communiter contingentibus." Hence, if a growth be certainly *ectopic*, it is not to be assumed that it it contains a foetus. This does not mean that it can be treated at once like a malignant tumor, for nobody can expose himself wantonly to the danger of destroying a human being; but it goes to show that in cases of extreme peril, and when it is necessary to take a decision or to let a mother die, the uncertain right of an undefined boggy mass, cannot annul the evident right of a rational human being. We suppose that every known means to arrive at correct diagnosis has been used but without satisfactory results, and that the life of the mother depends on a prompt decision on the part of the doctor; this case is not uncommon in ectopic pregnancies; when it occurs, *judicandum est ex communiter contingentibus.*

These principles are easily understood, and generally admitted, but their application is often difficult and must rest on well established facts. Is it possible to save both the mother and the child? Is the physician sometimes compelled to act before the diagnosis is completed? Are the means used to relieve the mother truly *remedial*, or indirectly so through the death of the foetus? The answers to these and to similar questions depend on facts which must be ascertained by expert testimony. In order to obtain the needed information, the editor of the REVIEW sent to several physicians of known ability the following letter:

EDITOR'S ROOMS,
"AMERICAN ECCLESIASTICAL REVIEW."

DEAR SIR:

Desiring to obtain information with regard to ectopic pregnancies from medical experts of acknowledged standing, in order to solve some important ethical problems, I beg leave to submit for your careful consideration and reply the following questions:

[As the distinction of *primary* and *secondary* ectopic pregnancies, however important for the surgeon, does not bear directly on the solution of special moral problems, we waive its consideration here,

as well as that of pregnancies which may take place in the horn of a bifid or bilobed uterus or in a hernial sac. We assume that the acknowledged types are : *Interstitial, Tubal, Ovarian,* Tubo-ovarian, Tubo-abdominal, Intra-ligamentous, Abdominal.]

FIRST QUESTION.—In what form or forms of abnormal pregnancies can the child be produced alive, through natural or artificial passages, without killing the mother or positively endangering her life?

SECOND QUESTION.—During pregnancy, at what time and by what means can a differential diagnosis be made between *intra* and *extra-uterine* pregnancy, and between abnormal gestation and pelvic or other tumor?

THIRD QUESTION.—Before such a diagnosis can be made, is it sometimes imperative to destroy or remove the growth in order to save the mother?

FOURTH QUESTION.—Does electricity destroy the life of the fœtus or the vitality of the growth as certainly as the knife of the surgeon, and with as much safety to the mother?—Suppose that the fœtus has been destroyed by electricity, say at the third month of tubal pregnancy, is the mother in as safe a condition as though the fœtus had been removed by the surgeon?

FIFTH QUESTION.—Should laparotomy reveal the fact that the growth contains a real fœtus, is it advisable to puncture the membranes, remove the growth entirely, or is it preferable to use the incandescent knife to open the membranes so as to give the fœtus a chance to live if but a few moments?

SIXTH QUESTION.—When the child is alive, having reached, or nearly reached, its full term (in intra-ligamentous or abdominal pregnancies), can it be saved?—Should the physician wait until it is dead in order to avoid certain complications?

By answering the above questions, and permitting the use of your name in connection with the answers, you would greatly oblige us.

Respectfully,

"THE AMERICAN ECCLESIASTICAL REVIEW."

The eminent men who received this appeal responded with a liberality and a scientific thoroughness which cannot be too highly appreciated. This is the list of our kind and learned contributors, the names are disposed in alphabetical order:

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1 The opinions of Dr. T. Addis Emmet are also those of his already eminent son, Dr. Duncan Emmet.—C.

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Charles P. Noble, M.D.,
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Michael O'Hara, M.D.,
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William H. Parish, M.D.
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Joseph Price, M.D.,
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Mordecai Price, M.D.,
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J. F. Roderer, M.D.,
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P. Gourdin De Saussure, M.D.,
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Henry Schwarz, M.D.,
Professor of Gynaecology, St. Louis Medical College.

I. S. Stone, M.D.,
Professor of Gynaecology, Georgetown University.

Lawson Tait, M.D., F.R.C.S., LL.D., etc., etc.,[1]
Professor of Gynaecology in Queen's College, Birmingham, England.

T. Gaillard Thomas, M.D.,[2]
Author of "Diseases of Women and Abdominal Surgery."

These are the eminent men who have given us the benefit.

1 Dr. Lawson Tait replied at once to the Editor's letter, but stated that the answers to all the questions could be found in his book on "Ectopic Pregnancy and Pelvic Haematocele" As the work is well known, and, as moreover, Dr. J. F. Roderer, of Philadelphia, adopts as his own opinion substantially those of the celebrated English surgeon, but few quotations have been taken from the latter's book.—C.

2 Most of these eminent men simply added M.D. after their names; we had to know *aliunde* that both Dr. Lusk and Dr. Thomas had written masterly works on Gynaecology.—C.

It is our bounden duty to acknowledge our obligations to Professor J. W. Chambers, M.D., of the Baltimore College of Physicians and Surgeons, who, with a patience and cordiality equal to his great skill, has imparted to the complier the information necessary to accomplish his task.—C.

of their knowledge and experience; they require no commendation from us; some of them are as well known in Europe as in this country. Their testimony is given in their own words. When something had to be added to supply the absence of the context, the addition has been put within brackets. Such a mass of evidence, coming from so many sources, would have become unwieldy, and almost unavailable, had not some sort of classification been adopted. For the sake of perspicuity, marginal titles have been introduced to point out the leading topic treated in the answer or set of answers to which they are affixed. These titles joined together will be found to form a continuous text which marks the trend of the discussion. Of course the answers overlap one another, but this inconvenience could not have been avoided without mutilating the text of the contributors. Some foot-notes have been added—those due to the compiler are followed by the letter C.

The questions follow in order.

First Question.

In what form or forms of abnormal pregnancies can the child be produced alive, through natural or artificial passages, without killing the mother, or positively endangering her life.

Dr. John F. Roderer.

"In all forms of ectopic pregnancies can the child be extracted without immediately causing the death of the mother. If viable, the child will probably live. In *all* abdominal sections there is great risk to the mother. In operations before the time of rupture, that is, between the 12th and 14th week, there is not as great danger to the mother as when the operation is done when the foetus has reached the sixth or seventh month. Then the existence of the placenta complicates the case."

In all forms it is *possible* to produce a live foetus, but there is danger for the mother in every case.

Dr. Matthew D. Mann.

"It is perhaps possible for a child to live until it has reached a viable age and then be born alive, with the aid of the knife, in any of the forms described above; though in some

of them it has never been observed. In such operations the mother stands a great chance for her life."

Dr. Joseph Price,
Dr. T. J. McGillicuddy.

"In all forms."

(Dr. Jos. Price, records 85 abdominal sections for ruptured tubal pregnancy with 3 deaths, the 3 deaths due to delay.[1])

Dr. E. E. Montgomery.

"In all forms of abnormal pregnancy there are cases on record in which the child lived to viability and in some of which the operator has been successful in delivering a living child and in saving the mother. In some cases of interstitial pregnancy, the rupture has occurred into the uterine cavity, permitting the escape of the foetus and its envelopes, and its subsequent development therein becoming a normal pregnancy."

Dr. L. H. Dunning.

It is believed that interstitial pregnancy sometimes results in spontaneous delivery; but laparotomy is, usually at least, indispensable; and the mother's danger is very great.

"Interstitial pregnancy, it is believed, may sometimes result in spontaneous delivery.[2] A few cases are on record of abdominal and intra-ligamentous pregnancy in which abdominal section has resulted in saving both the life of the mother and child, though operation has been very dangerous to the mother on account of dangers of hemorrhage."

Dr. Henry Schwarz.

"In no form of ectopic pregnancy can the child be produced through natural passages, but it may in all cases be produced by laparotomy. The life of the mother is always endangered."

1 This is a splendid record! If the infants were brought out not only *living* but *viable*, then the problem is solved with regard, at least, to abdominal pregnancies.—C.

2 According to the researches of Dr. Zmigrodzki, extra-uterine pregnancy, even when no operation is performed, is not necessarily fatal: in tubal pregnancies 17 per cent., in abdominal pregnancies 50 per cent. end in spontaneous recovery." (Dr. Joüon, Grossesse Tubaire, p. 53.) This may be true, but Dr. Zmigrodski does not say how many *ova* reached the embryonic stage and what became of the embryos.—C.

Dr. J. Portman Chesney.

"In abnormal gestations, confined within the bounds of your own definition, the life of the mother is menaced *always*, without exception, by the mere fact of the pregnancy; death may be a remote contingency, but the danger is ever present, and is scarcely lessened by the resources of the surgeon's art. These truths, therefore, establish the proposition that it is *not* possible for a child to be born alive without killing or positively endangering the life of the mother."

Dr. Robert P. Harris.

"It is never without great risk to the mother, to remove a living or viable foetus, which is not in the cavity of her uterus. It has been done, but the ultimate recoveries have been very rare."

Dr. J. E. Kelly.

"I should doubt the utility of considering any of the foregoing mentioned forms of pregnancy as being compatible with the production of a living child at full term, as although not logically impossible it cannot be expected."

Many think that the chances of saving both mother and child are insignificant.

Dr. R. B. Maury.

"In none."

Dr. Mordecai Price.

"In neither."

Dr. T. A. Ashby.

"In none without grave danger to life."

Dr. J. F. Moran.

"None; all operations terminating abnormal pregnancies are fraught with danger."

Dr. W. T. Lusk.

"I dislike as much as you do anything that savors of life destruction. But in my answers, I am obliged to take things as they are, and not as I would wish them. The facts are these: fortunately only a small percentage survive the unfavorable conditions in which the ovum is placed. In all cases where the ovum does not perish, the dangers to the mother are progressive with the advance of gestation. The chances of saving the child are insignificant. The ethics must be deduced from these data."

Dr. Jos. Taber Johnson.

Others, without being sanguine, are somewhat more hopeful. The most favorable form is the abdominal one. Next come interstitial, intra-ligamentous, ovarian pregnancies.

"In the above named types the child cannot be 'produced alive' except by a surgical operation, which would necessarily *endanger* the mother's life, but with a strong probability of her recovery."

Dr. Henry D. Fry.

"In none can it be done without endangering her life; presuming that 'abnormal'[1] refers to ectopic pregnancy. The danger, however, by artificial passage is small compared to that of non-interference. The intra-ligamentous and abdominal forms are about the only ones that offer a chance to save the child."

Dr. Wm. Goodell.

"Possibly in the interstitial and in the intra-ligamentous variety the natural passages might occasionally be used. But even then in almost every case a preliminary incision would have to be made, thereby endangering the life of the mother. All other cases would demand a dangerous operation."

Dr. B. F. Baer.

"Intra-ligamentous and so-called abdominal."

Dr. I. S. Stone.

"Abdominal pregnancy, or broad ligament pregnancy at term."

Dr. C. E. Ristine..

"Abdominal most favorable for life of child together with that of the mother."

Dr. Jas. Weir Heddens.

"Ovarian, intra-ligamentous, abdominal."

Dr. C. Henri Leonard.

"Probably interstitial—doubtful the others."

Thos. Addis Emmet.

As a rule an operation is indispensable. However, in supposed tubal and interstitial cases, delivery by the way of the uterus and vagina has occurred.

"It is impossible with certainty to produce the child alive in any form of abnormal pregnancy without endangering the life of the mother. Cases of supposed tubal pregnancy

1 *Abnormal* is doubtless too vague a word, but authors do not quite agree in their lists of *ectopic* pregnancies.—C.

have been put on record where gestation had gone to full term, and delivery had taken place through the efforts of nature by way of the uterus and vagina. But these cases were in all probability ones of mistaken diagnosis, so far at least in the fact that the horn of the uterus was also included in the seat of pregnancy. Cases so termed of abdominal pregnancy have gone to full term, when, by the aid of the surgeon, both child and mother have been saved. In other forms of abnormal pregnancy, I believe the only safety to the mother consists in an early operation, by which the life of the foetus must be lost; without an operation, as a rule, both must die."

Dr. J. M. Emmert.

"In answer to your first question, I know of but one form of pregnancy that strictly comes under this head, that is, interstitial pregnancy, where the development of the ovum so dilates the tubes, that it is gradually pushed into the uterine cavity, making it a normal pregnancy. I know of no other where the life of the mother does not become endangered."

Dr. Wm. H. Parish.

"Possibly *per vias naturales* when child is in uterine portion of tube. In all other conditions, the child being alive, it may be produced alive by coeliotomy, with very little risk to the mother in early pregnancy, this risk increasing with advancing pregnancy."

Dr. E. C. Dudley.

"The child may sometimes be delivered at term through the natural passages when the pregnancy was tubal, if the child was located close to the horn of the uterus.

"In any other uterine pregnancy the foetus, having reached a viable age, may occasionally be produced alive, but always with great danger to the mother.

"The danger to the mother is also very great, though perhaps not always so great when the dead child is produced."

[Dr. Dudley says: "The great point in question is the mother's life and health. The bodily welfare of the child can hardly involve a question (See answer to question VI).

Its spiritual welfare would appear important or unimportant, according to the theological views of the person who has the matter under consideration. For myself, I would not permit the question of spiritual welfare of the child to endanger the mother's life."][1]

Dr. T. Gaillard Thomas.

Yet the rule remains true, that, *generally speaking*, a delivery *per vias naturales* is impossible, and that all operations are dangerous to the mother.

"If the pregnancy be ectopic, the child cannot be produced alive *by any* NATURAL PASSAGE. All operations for the purpose endanger the mother."

Dr. A. A. Henske.

"In none of the abnormal pregnancies mentioned can the child be produced through the natural passages, but has to be produced through an artificial one. Every operation for that purpose is dangerous to the mother, although not necessarily fatal."

Dr. Charles P. Noble.

"(*a*) In none by natural means. (*b*) In abdominal and in intra-ligamentous pregnancies living children have been delivered and the mother has recovered by means of abdominal section. The operation is a very grave one but a necessity."

Dr. P. Gourdin De Saussure.

"None.—The mother's life is *positively endangered* under all circumstances in all of these cases."

Dr. L. E. Neale.

"There is no surgical procedure which may not endanger the life of the mother in these cases.

Dr. George H. Rohé.

"I assume (without expressing a positive opinion) that the development of the foetus can proceed to term in all forms of ectopic pregnancy. It is considered by authorities as doubtful whether this can occur in the tubal form without rupture of the tube at some period. However, in either event, the child, having arrived at a viable period, may be extracted

1 Dr. Robie Woods of New York mentioned to the compiler a case in which the pregnancy was at first *tubal*, and afterwards *interstitial*; the embryo ultimately reached the womb, but it was extremely small and had died *in transitu*.—C.

alive through an artificial way by the surgeon, without necessarily killing the mother. It is evident, however, that an operation such as would be necessary to accomplish the delivery would to a considerable degree endanger the mother's life. The degree of this danger depends upon many *momenta*, chief among which are perhaps the vital condition and surroundings of the mother, and the skill and care of the physician."

Dr. Barton Cooke Hirst.

"In any case of abnormal or advanced tubal gestation with a viable child an operation to remove the child alive is justifiable. It is, however, unavoidably dangerous to the mother even with improved modern technique."

Dr. Michael O'Hara.

"During the first three months there is very little possibility. From the 3rd to 6th month more possibility—after sixth month probable. In early months the danger from operation to mother is slight; in later periods danger increases with the growth of the child."

Dr. Howard A. Kelly.

Dr. Howard Kelly sums up the evidence.

"(*a*) Regarding the word 'abnormal' in this question as synonymous with ectopic, the child can sometimes be delivered *per vias naturales* in cases of interstitial pregnancy.

(*b*) It is also possible in rare cases of extra-uterine pregnancy, in which the child has developed in an unruptured tube, to remove the sac with the living child by abdominal section.

(*c*) It is also possible in rare instances in extra-uterine pregnancy, in which the sac has ruptured and the child escaped into the abdominal cavity and has survived this accident, to deliver a living child and at the same time to remove the whole sac.

In (*b*), and (*c*), there is danger to the maternal life."

SECOND QUESTION.

During pregnancy, at what time and by what means can a differential diagnosis be made between INTRA *and* EXTRA-UTERINE *pregnancy, and between normal gestation and pelvic or other tumor?*

Dr. W. T. Lusk.

The diagnosis is very difficult; but, as the ovum or the foetus is usually dead before it is discovered, the problem ceases to be ethical.

"Extra-uterine pregnancy is of common occurrence; fortunately the early death of the foetus from natural causes makes it usually a matter of minor moment. The frequent discovery of the dead ovum in a tube when there has been no suspicion of pregnancy shows the difficulty of the diagnosis."

Dr. Jos. Taber Johnson.

"A diagnosis can only be made by most thorough, careful and repeated examinations by an expert; and even then, so many errors have been made, in the early months, that some of our most renowned and skillful operators have declared a certain diagnosis impossible."

Dr. T. J. McGillicuddy.

"It is often impossible to make an absolutely certain diagnosis."

Dr. Robert P. Harris.

"There is no fixed period. Mistakes have been made at all periods, even by very capable men, as are known to me personally. If the uterus is abnormal, error may readily be made, as I have twice seen."

Dr. J. P. Chesney.

An exploratory section is often the only practicable means of diagnosing with certainty.

"By laparotomy only: and even with the abdominal section made, and the pelvic and abdominal contents examined as thoroughly as scientific acumen is capable of doing, yet *doubt* and *mistake* must enter largely into the problem."

Dr. George H. Rohé.

"In some cases this is comparatively easy and can be readily made at any time after the third month. In others, and these constitute the vast majority, it is extremely difficult and the differential diagnosis cannot be made at all without an abdominal section. As a general rule, it may be said that a diagnosis before operation is always open to

grave doubt. Indeed it is sometimes necessary to resort to a microscopic examination of the specimen after removal before a positive opinion can be given."

Dr. J. F. Moran.

"Very difficult to diagnose before primary rupture; no positive sign to differentiate ectopic pregnancy from tubal occlusion or from other causes. After primary rupture, diagnosis is comparatively certain."

Dr. Michael O'Hara.

"At any time by skilled physical examinations. Differential diagnosis is more difficult in the early than at the later periods."

Yet it is often possible and should be attempted before resorting to exploratory laparotomy.

Dr. Mordecai Price.

"Should be made in all."

Dr. Barton Cooke Hirst.

"In almost all cases of advanced gestation the differential diagnosis can be made. In early cases it is not always possible unless conditions be favorable."

Dr. William H. Parish.

"The diagnosis of extra-uterine pregnancy is only a probable one in early months. The diagnosis is more easily made and becomes certain later in pregnancy."

Dr. B. F. Baer.

"The *absolute* diagnosis is difficult, but where uncomplicated extra-uterine pregnancy exists a strong presumptive diagnosis may be made at six weeks. A working diagnosis can be made often at four weeks."

A *working* diagnosis may sometimes be made after four weeks, two months, three months, or four months.

Dr. T. G. Thomas.

"After the second month, diagnosis is perfectly possible; to tell the methods would be too long."

Dr. Matthew D. Mann.

"A diagnosis can sometimes, not always, be made without operation, simply by examination at a very early stage, as in the second month of gestation. In most cases the diagnosis can only be made with certainty by laparotomy."

Dr. T. A. Ashby.

"After the second month a probable diagnosis may be made by history of symptoms and physical examination of

tumor. Positive diagnosis not possible until foetus is viable unless the abdomen is opened."

Dr. C. Henri Leonard.

"Usually about third month."

Dr. Joseph Price.

"After the third month, by exclusion."

Dr. Henry D. Fry.

"In some cases, different at all periods. In the majority a differential diagnosis can be made at third month. In others it will be necessary to open the abdomen before positive diagnosis can be arrived at."

Dr. C. E. Ristine.

"Not always positively until after the third month of gestation. Internal and external auscultation—bi-manual palpitation. The sound should not be used. Uterus does not grow *pari passu* with the ectopic growth."

Dr. Henry Schwarz.

"A positive diagnosis can usually not be made until the end of the fourth month, unless some accident happens, as for instance a rupture of the sac in tubal pregnancy."

Dr. P. Gourdin De Saussure.

"Intra-uterine pregnancy can be positively diagnosed at fourth month, the extra-uterine is diagnosed when you have ascertained pregnancy, but not in the uterus. As to the differential diagnosis—why a volume can be written on it.

Dr. L. E. Neale.

"There is no time-limit fixed; it varies with the ability, skill and experience of the examiner and the peculiarities of the case."

Dr. J. E. Kelly.

"No rule can be formulated, as the cases vary so materially and as so many instances of mistaken diagnosis have been published and are otherwise known. Laparotomy is the only conclusive test; the others are either useless or dangerous or both.

Dr. J. M. Emmert.

"This is a question of education entirely. The expert may and often does diagnose ectopic pregnancy within six

weeks of conception. The first six to eight weeks the subjective symptoms of ectopic and normal pregnancies are similar. About this time stretching of the tissues by the growing ovum gives pain, or produces a rupture, which causes a train of symptoms peculiar to shock or hemorrhage[1]. The diagnosis must be made by these symptoms, and the touch or physical examination. To enter into the differential diagnosis would necessarily be very lengthy. Suffice it to say that the feel of an ectopic pregnancy is that of a boggy mass rather than that of a well defined tumor."

When ruptures occur, a shock is produced which a skilful practitioner will easily recognize and interpret.

Dr. E. E. Montgomery.

"A diagnosis may be made inferentially, often early in the pregnancy; as early as the second month, when the patient supposes herself to be pregnant, has had a sudden violent pain in the abdomen, symptoms of collapse, and there has subsequently been discovered a mass situated in one or the other broad ligament, which is indicated by the occurrence of rupture of the ectopic sac. The further pregnancy progresses from this period, the more likely are we to be able to differentiate its character. A woman who has a mass situated on one side of the pelvis, in whom there is more or less constant bloody uterine discharge; or one in whom there is a mass increasing in size, in which latter can be distinguished foetal heart sounds and foetal movements, while the uterus is found pushed to one side and but little, if any, enlarged, (is pregnant *extra uterum*)."

Dr. Howard A. Kelly.

"(*a*) The differential diagnosis between intra and extra-uterine pregnancy can usually be made from the sixth week

1 Moralists must bear in mind that *all ruptures* are *very* dangerous, and that unless the surgeon arrives in time, *many ruptures* are *necessarily* fatal. The only way to save both mother and child is to use the knife, reach the bleeding vessel and ligate it. In tubal pregnancy, there are two ruptures (the first is not fatal); a *primary* one, when the foetus forces its way out of the tube, and a *secondary* one, when it strives to reach the exterior world through the tissues of the mother. Nature sometimes plugs, with a clot, the opening left by the former; without the timely help of the surgeon the latter is infallibly fatal both to the mother and to the child.—C

up to the end of pregnancy. It is more easily made from the tenth to the twelfth week on.

"(*b*) The means of making the diagnosis are by first recognizing the signs of pregnancy, such as cessation of menstruation, nausea, pain in breasts, etc.; second, by careful bi-manual examination establishing the fact that the uterus is either not at all or is but moderately enlarged, while there exists a tumor in one of its cornua; third, by the passage of a decidual cast from the uterus; fourth, by the rupture of the sac producing signs of internal hemorrhage.

"Note that the fourth, and usually the third sign, is not available for making a diagnosis while the foetus is living."

Dr. E. C. Dudley.

"This question is difficult to answer and the answer would require several pages of writing. The diagnosis is often very difficult, sometimes impossible without exploratory incision."

Dr. Charles P. Noble.

"(*a*) Often at second month by bi-manual examination under anaesthesia.

(*b*) Usually intra-uterine pregnancy can be excluded.

(*c*) It is often impossible to differentiate extra-uterine pregnancy and pelvic tumor."

Dr. William Goodell.

A *differential* diagnosis can rarely be made positively, except by means of an exploratory section, unless the foetal heart or the foetal souffle can be recognized.

"A differential diagnosis can rarely be made positively at any stage of extra-uterine pregnancy. It is arrived at more by inference than by exclusion. In a question of *intra* or of *extra-uterine* pregnancy, the contra-indication to the use of the uterine sound prevents certainty of diagnosis. The sound is not used because, if the pregnancy were a natural one, an abortion would follow its insertion."

Dr. L. H. Dunning.

"It is very difficult at any time to diagnose ectopic gestation. When rupture takes place the symptoms are usually sufficient to enable one to make the diagnosis. After the fifth month of pregnancy the foetal heart-beats and motion of the child will enable one to diagnose pregnancy. The diffi-

culty is to determine positively that it is extra-uterine; sometimes the uterus can be outlined independent of the tumor, then diagnosis can be made."

Dr. A. A. Henske.

"Between intra and extra-uterine pregnancy at any time. —Between abnormal gestation and pelvic or other tumor the differential diagnosis is difficult at any time, except so far advanced that you can feel parts of the child through the abdomen."

Dr. John F. Roderer.

"Extra-uterine pregnancy according to Dr. Lawson, Tait, probably one of the greatest living authorities on this subject, is primarily tubal. (He does not admit the possibility of an ovarian pregnancy.)[1] The foetus remains in the tube until about the fourteenth week when rupture takes place. The rupture of the tube is in one of two directions: first, into the cavity of the peritoneum, which is fatal immediately by hemorrhage, or later by rupture of the sac and peritonitis; secondly, into the folds of the broad ligament. The second variety does not result in immediate death. In that form the foetus may develop and be removed when it is viable. It may also die and begin to suppurate and the suppurating mass may be discharged through the bladder, vagina or rectum. It may also rupture again through the wall of the broad ligament and become what is called an abdominal

1 In his reply to the Editor of the REVIEW, Dr. Lawson Tait, indicates that he considers the distinction of "Ovarian and Tubo-abdominal types of ectopic pregnancies as inadmissible." Most probably a tubo-abdominal pregnancy is nothing but a tubal pregnancy, which, after primary rupture, has become an abdominal gestation; but in strictly physiological questions, moralists are not bound to take sides. With regard to ovarian pregnancy, whether it be possible or not, its name is current in literature, and could not well be suppressed. In connection with these difficult problems the following passage of a comparatively recent work may prove of interest;

"The relative frequency of these (ectopic pregnancies) we find, by taking the average of a large number of cases, to be about 52 per cent. Abdominal; 42 per cent. Tubal; 6 per cent. Ovarian." (Cazeaux and Tarnier—Theory and Practice of Obstetrics, Appendix by Paul Munde, p. 1165, Philadelphia, 1889.)

pregnancy. That rupture may result in immediate death from hemorrhage, or the foetus may go on to full term in a very small number of cases.

The foetus may develop in that part of the tube which is connected with the uterus. That is sometimes called tubo-uterine or interstitial pregnancy. In this form the rupture takes place about the fifth month and is almost always fatal. The rupture may take place into the uterus and then the foetus will be discharged by the uterus.

The diagnosis of extra-uterine pregnancy resolves itself into two parts: first, before rupture of the tube, and secondly, after rupture of the tube.

The diagnosis before rupture of the tube is difficult to make. In nearly all of the cases the existence of extra-uterine pregnancy is not even suspected until rupture takes place. Rarely is the physician called in until rupture has occurred. In some cases when the physician for some reason or other is called in and makes an examination and perhaps suspects extra-uterine pregnancy, he cannot make a positive diagnosis. He finds on examination that the uterus is enlarged and that there is also a painful mass occupying the place of one of the tubes; now, that womb may have in it a foetus, and the mass may be a disease of tube or ovary. Or that mass may be an extra-uterine pregnancy, and the enlargement of the womb may be the increase in size which always takes place in ectopic pregnancy. The physician, although he knows from the rational signs that there is pregnancy in some form or other, cannot with certainty decide between both.

The diagnosis after rupture of the tube can more easily be made, and particularly after quickening has taken place.

The conclusion to be drawn from the above is, that the diagnosis between intra and extra-uterine pregnancy cannot be made with certainty before rupture, nor can it be determined exactly whether an enlargement of the tube is either an ectopic pregnancy or some form of tumor."

Dr. R. B. Maury.

" Prior to rupture, in the early months, a diagnosis between

abnormal gestation and pelvic tumor cannot be made with certainty. In the later months, when pregnancy is certain, its extra-uterine character may be determined by demonstrating that the uterine cavity is empty; and by the absence of the uterine souffle."

Dr. James Weir Heddens.

"(1) About or between the 2d and 3d months, by ballottement and bi-manual examination. (2) Not until you can hear the foetal heart, usually between the 6th and 7th month."

Dr. T. A. Emmet.

"There can be no absolute certainty as to the existence of pregnancy in any case until the pulsation of the foetal heart can be detected; a gradual increase in the size of the uterus can be easily recognized, and with other symptoms, pregnancy may be supposed; but any attempt made to determine the point of investigation as to the condition within the uterus will be likely to cause abortion, should pregnancy exist. A diagnosis is difficult in all cases of abnormal pregnancy, but an expert can, within a reasonable degree of certainty, arrive at a knowledge of the existing condition between the 2d and 3d month."

Usually, no absolute certainty is attainable before the pulsation of the foetal heart can be detected.

THIRD QUESTION.

Before such a diagnosis can be made, is it sometimes imperative to destroy or remove the growth in order to save the mother?

"Yes; most certainly."

Dr. B. F. Baer,
Dr. E. C. Dudley,
Dr. L. H. Dunning,
Dr. J. M. Emmert,
Dr. H. D. Fry,
Dr. James Weir Heddens,
Dr. A. A. Henske,
Dr. R. B. Maury,
Dr. L. E. Neale,
Dr. M. O'Hara,
Dr. Mordecai Price.

An overwhelming majority declares that it is often necessary to do so before a certain diagnosis can be made.

Dr. T. G. Thomas.[1]

"Yes. Foetal life should be destroyed by electricity up to the end of 3d month."

Dr. Wm. Goodell.

"It is usually imperative to remove the growth before such a diagnosis can be made positively."

Dr. Joseph Price.

"Yes. Growth of any character is a constant menace to the patient's life."

Dr. Jos. Taber Johnson.

"Yes; especially when the tube has ruptured, which it usually does before the end of the third month."

Dr. I. S. Stone.

"The diagnosis being difficult, the symptons of grave illness often demand surgical treatment in the early stages of ectopic gestation, hence an affirmative answer to this question."

Dr. T. A. Ashby.

"Yes. In my judgment as soon as the surgeon has positive assurance of an ectopic pregnancy he should open the abdomen and remove the foetal sac. He should operate before a positive diagnosis is reached if the physical condition of the tumor and symptoms of the mother warrant interference. No woman is safe with a growing foetal tumor in her abdomen. Interference may be postponed until the end of term of gestation, if the mother does well during pregnancy."

Dr. J. E. Kelly.

"The necessity of checking or removing an abdominal tumor of an operable nature, renders the early application

1 Medically, we have nothing whatever to say in opposition to such an authority as Dr. Thomas; ethically, we may be allowed to raise the following objection: Either the growth contains a foetus, or it does not; if it does, then electricity helps the mother *solely* by destroying the foetus; if it does not, then electricity will hardly destroy the growth. However, if the necessity is absolutely imperative, and if we take the standpoint that the foetus is an *unconscious*, but *unjust* aggressor, the objection is not unanswerable.—C.

of some treatment almost imperative. Any of the recognized forms of treatment would most decidedly jeopardize the life of the mother in proportion to the duration of the postponement."

Dr. J. Portman Chesney.

"Destroying the vitality of the foetus or embryo, as in tubal pregnancy for example, only minifies but does not eradicate the danger to the mother. This is shown to be so in reply to question No. 1."

Dr. Howard A. Kelly.

"It is imperative to remove the growth at the earliest practicable moment after it is discovered. It is not good surgery to attempt to destroy the growth by any outward applications or by treatment through the vagina, such as puncture or injections."

Dr. E. E. Montgomery.

"Not unfrequently before the abnormal condition is suspected, our patient may be placed in peril of her life by rupture of the tubal sac and the consequent hemorrhage. In such cases the mother is afforded the greatest security of life by immediate surgical interference. With a bleeding vessel inside of the abdomen, its ligation is as certainly demanded as would be the ligation of a large vessel bleeding externally."

Dr. George H. Rohé.

"I should answer this question without hesitation in the affirmative, merely qualifying the question by eliminating the word 'destroy.' It is the removal of the growth that is demanded by sound surgical principles."

It is the removal, not the *destruction* of the growth which is required.

Dr. P. Gourdin de Saussure.

"A positive diagnosis is not always possible before the fourth month, yet sometimes operative interference is demanded on account of the mother long before. In other words: Yes; one operates to save the mother and makes a diagnosis."

Dr. I. S. Stone.

"Diagnosis always difficult. Symptoms only indicate an abnormal location—these symptoms of an erratic location

lead to examination and possible diagnosis. Diagnosis usually made with more certainty after fourth month."

Dr. Robert P. Harris.

"Under suspicious circumstances, an exploratory coeliotomy may be justifiable, to be followed by exsection if found to be practicable."

Dr. Charles P. Noble.

"Yes, if hemorrhage occurs."

Dr. Jno. F. Moran.

"It is not always possible to diagnose nature of trouble before operation. If it should be recognized as ectopic gestation before primary rupture, the growth should be removed without delay."

Dr. Matthew D. Mann.

"Teachers are divided regarding this question. Some maintain that it should be destroyed by electricity, etc., as soon as discovered. Others believe in immediate operation. None advise, so far as I know, to let it alone when extra-uterine pregnancy is discovered at an early date. The risks to the mother, if left alone, are considered too great. If rupture of the sac occurs with internal hemorrhage, early operation is generally imperative."

Dr. Barton Cooke Hirst.

"For one, I should always remove an extra-uterine pregnancy as early as possible, not waiting for a positive diagnosis, but operating on well founded suspicion."

Dr. C. Henri Leonard.

"Sometimes. I regard interstitial variety as least likely to make this imperative."

Dr. C. E. Ristine.

"Seldom, but I recognize that it may require immediate operation."

Dr. T. J. McGillicuddy,
Dr. Henry Schwarz.

"Never imperative before a probable diagnosis can be made."

Dr. John F. Roderer.

"There are a variety of diseases, or growths of the tubes

or ovaries, the existence of which can be made out by the educated physician, but the nature of which cannot be determined until after operation. As one authority in treating of extra-uterine cysts aptly remarks: 'I open the abdomen and make out the condition.' That is the method by which abnormal growths in a great number of instances are diagnosed.

"Now as the growth discovered by the physician may be a pyo-salpinx, or extra-uterine pregnancy, particularly the latter, if there be an enlargement of the womb, and if there be present other rational signs of pregnancy, the physician will advise immediate operation.

"The Catholic physician will be very much puzzled how to act in a case which he knows to be an extra-uterine pregnancy (before rupture). If he leaves it alone he knows that the woman and child may probably die at the time of rupture. If he removes the tube he will kill the child. What should be done in this dilemna, I leave to the moralist to decide."[1]

Dr. T. A. Emmet.

Drs. Emmet and Lusk show why interference is often imperative.

"The sac containing the product of pregnancy is almost certain to rupture after the third month, and sometimes, even before that period, the surgeon is obliged to operate under the most urgent circumstances for the removal of the whole growth, to save the mother who is then sinking rapidly from internal hemorrhage as a consequence of rupture. Very frequently under these circumstances, death occurs before assistance can be rendered by the surgeon. Rupture frequently takes place before the pregnancy has been expected, or the surgeon is called upon to make a diagnosis, as he is called in haste to operate with no certain knowledge of the condition, beyond an existing state of shock or collapse attributed to internal hemorrhage."

1 If the danger is imminent, perform the abdominal section, open the cyst, baptize the child, ligate the mother's bleeding vessels, take what care you can of the baby, or rather intrust it to some one who knows well what to do, attend to the mother, and leave the rest to God. The indorsement of Lehmkuhl gives us more confidence than we had before.—C.

Dr. W. T. Lusk.

"Usually the ovum dies and hemorrhage takes place and haematocele results, or, if the abdominal orifice of the tube is closed, a haematoma in the tube is produced. In these cases the patient recovers, later the tube containing the dead ovum may be removed by the surgeon. If the tube ruptures into the peritoneal cavity, with the growth of the ovum an operation is usually imperative."

FOURTH QUESTION.

Does electricity destroy the life of the foetus or the vitality of the growth as certainly as the knife of the surgeon, and with as much safety to the mother? Suppose that the foetus has been destroyed by electricity, say, at the third month of tubal pregnancy, is the mother in as safe a condition as though the foetus had been removed by the surgeon?

Electricity is not as safe as the knife, either as a growth-destroyer or as a means to save the mother.

To your first question I answer *No.*
To your second question I answer *No.*

Dr. B. F. Baer.
Dr. E. C. Dudley.
Dr. Jas. Weir Heddens.
Dr. Barton Cooke Hirst.
Dr. J. F. Moran.
Dr. L. E. Neale.
Dr. Michael O'Hara.
Dr. William H. Parish.
Dr. Joseph Price.
Dr. Mordecai Price.
Dr. Henry Schwarz.
Dr. I. S. Stone.

Dr. Howard A. Kelly.

"(*a*) Electricity is less certain and less safe than the knife of the surgeon.

"(*b*) If the foetus has been destroyed by electricity, say at the third month of tubal pregnancy, the mother is not in as safe a condition as though the foetus had been removed by the surgeon."

Dr. J. M. Emmert.

"No, it does not; the placenta may go on growing after the foetus is destroyed.

"Latter part of the question decidedly No."

Dr. Robert P. Harris.

"1. No. It may for a time be safer to the mother.

"2. No. The dead foetus is a foreign body, and may in time give much trouble, and even death."

Dr. T. A. Ashby.

"No. I would not trust electricity. I prefer to open the abdomen and remove the growth."

Dr. Wm. Goodell.

"Electricity does not compare with the knife either in efficiency or in safety; should the foetus be destroyed by electricity, the mother is not left in so safe a condition as when the gestation sac has been removed."

Dr. Charles P. Noble.

"(*a*) No. Electricity has been proven unreliable as a foeticide.

"(*b*) The mother is not so safe. She carries a foreign body—the dead ovum—which may cause inflammation, suppuration, etc."

Dr. J. E. Kelly.

"Electricity of such power as can be applied with absolute safety to the mother cannot be regarded as being certainly fatal to the ovum, while the knife is most unerring. On the other hand, if the mother should survive the abdominal section she certainly would be more advantageously circumstanced than if the dead foetus, liable to so many changes, were permitted to remain within her body."

Dr. E. E. Montgomery.

"Electricity is very uncertain. In a number of cases that have been reported of its favorable action, there is no question but what it has an influence and may be able to arrest

foetal life. That it does not do so, however, in every case, has been just as certainly demonstrated, although patients have been subjected to violent applications—applications of such a character as to have a destructive influence on the intervening tissues. Even though the foetus has been destroyed at the third month of tubal pregnancy, the condition of the mother is not a safe one, as she has a foreign mass within the abdomen which demands the exercise of healthy organs and tissues to promote either its being encysted or its ultimate disintegration and absorption. Many cases of pus collections in the pelvis are directly traceable to the influence of previous ectopic gestations, and the life of the patient is in peril so long as such a collection remains."

Dr. P. Gourdin De Saussure.

"The surgeon's knife is the mother's safety. A dead or alive foetus in a tube, abdomen, or between the broad ligament, is always a menace to the mother."

Dr. L. H. Dunning.

Dr. Dunning partly dissents. Others qualify their statements.

"1. Yes (as sure as a growth destroyer).

"2. No (does not leave the mother in as safe a condition)."

Dr. C. E. Ristine.

"To the first part of question fourth I answer no; but second—if accomplished—with more safety to the mother.

Experienced electrician safer than an occasional surgeon.

"To second part of question fourth—Statistically the mother is safer in the hands of an experienced electrician than in the hands of our occasional surgeon; but not so safe as under the gynicic surgeon."

Dr. T. G. Thomas.

The danger to the mother is not great.

"Not quite (as sure as a growth destroyer). But the danger from foeticide by electricity is not great (for the mother)."

Dr. R. B. Maury.

Electricity may succeed, but sometimes fails. The mother is not safe when the child is dead.

"It may destroy the life of the foetus with more safety than the knife. In some well-known cases very strong currents have failed to destroy the life. If the foetus were destroyed by electricity at third month, the mother is by no means safe."

Dr. C. Henri Leonard.

"In my own family I should recommend the electric current first; that failing, the knife. Would try electricity first.

"Yes, conditionally."

Dr. T. A. Emmet.

"The use of electricity is frequently as certain as the use of the knife. Within my personal experience I have knowledge of a number of cases of abnormal pregnancy where electricity has been used to destroy the life of the foetus, and with no detriment to the life of the mother afterwards, but a portion of the foetus cannot be absorbed and, notwithstanding, it becomes encysted, it must always remain a foreign body, and liable to some extent to cause trouble. With the advance that has been made in abdominal surgery, I would now urge, if free to advise, an early operation, made in the interest of the mother and with the removal of the whole mass." Electricity more or less sustained.

Dr. John F. Roderer.

"The foetus can be destroyed by electrolytic action but not with entire safety to the mother. Should the foetus be killed it still leaves behind it, in the tube, a foreign growth. The tube may be ruptured sooner than it would be if the growth of the foetus were not interfered with. While the growth remains, the woman is never safe. As the growth has to be removed at some time, it is preferable to do so with the knife before rupture (if allowed on moral grounds)."[1]

Dr. A. A. Henske.

"Electricity skillfully applied will destroy the life of the foetus as certain as the surgeon's knife, but *not* the vitality of the *tumor*. The mother will *not* be in a safe condition at all when it has been destroyed by electricity. If the removal by the surgeon has been successful, the mother will be absolutely safe."

Dr. George Rohé.

"I believe electricity is competent to destroy the vitality of the foetus with comparative safety to the mother, but it is

1 It is allowed when the tube is diseased and endangers the whole body.—C.

not as certain as removal by means of the surgeon's knife. This latter probably adds to the immediate danger of the mother, but should she recover, her subsequent life would doubtless be more free from dangerous *sequelae*. The retention of a dead or semi-organic mass of foreign tissue, if the expression be allowable, is a potential source of danger to which the woman should not be subjected."

Dr. J. P. Chesney.

"Not so *surely* as the knife; more safely to the mother. . . . . If the woman is beforehand allowed to choose between the knife and electricity she is wise if she select the latter. She would still be in *some* danger, though the embryo be dead."

Dr. Henry D. Fry.

"1. No.

"2. No.—But electricity is useful in a certain class of cases seen early, and in the vast majority the destroyed foetus causes no subsequent trouble."

Dr. T. J. McGillicuddy.

"The knife of the surgeon is preferable, but seldom necessary."

Dr. Jos. Taber Johnson.

Objects to electricity. Diagnosis without operation is not absolutely certain.

"To the first part of this question I should answer emphatically *no*. To the second part I should say also no—though some cases have apparently done well—but unless proved by an operation there is always doubt as to the diagnosis."[1]

Dr. Matthew D. Mann.

Believes electricity to be both safe and sure before rupture.

"Again opinion is divided. I believe electricity to be safe and sure in the early months before rupture. The knife is absolutely sure and, in the hands of experts, very safe. A dead foetus inside the abdomen very possibly causes trouble later. If removed, that is the end of it. The risks of operation are greater than of electricity."

1. The ethical objection to electricity is that it takes away any chance to save the child, and yet does not by any means secure the life of the mother. In ectopic pregnancies, it has no distinct remedial power.—C.

Dr. W. T. Lusk.

"If the rupture occurs between the folds of the broad ligament, and the life of the foetus is maintained, electricity may be employed. These cases are rare, but formerly were the only ones recognized. It is best, even in these cases, to operate; but electricity in the early months is permissible, where the appliances, nursing and trained assistance needed for successful laparotomy, are absent."

Thinks it best to operate, but requires appliances, nursing and trained assistance.

FIFTH QUESTION.

Should laparotomy reveal the fact that the growth contains a real foetus, is it advisable to puncture the membranes, remove the growth entirely, or is it preferable to use the incandescent knife to open the membranes so as to give the foetus a chance to live if but a few moments?

Dr. W. T. Lusk.

"The question of puncture or removal of the entire growth must be left to the operator. For instance, in my last case I endeavored to remove the sac entire, but before I had done so, accidental rupture occurred. In either case, the child is likely to be born alive, if living at the outset."

The operator is often guided by circumstances.

Dr. A. A. Henske.

"In extra-uterine pregnancy it is proper to remove foetus, membranes and all, without puncturing the membranes. Immediately after removal of the sac, (the membrane) should be opened for the purpose mentioned in question."

Yet the removal of the foetus is best.

Dr. J. F. Moran.

"Removal of foetus by knife is preferable to puncture as the patient is less exposed to septicaemia, and the chances of the child being removed alive are much greater."

Dr. Lawson Tait, (Op. cit., p. 544.)

"Puncturing the ovum sac with needles, medicated or galvanic, is an immoral and dangerous proceeding which ought to have professional condemnation. Parry is of opinion that all measures that necessitate wounding the

Puncturing is direct killing.

cyst, without removing the child, are not without danger to the woman, and that the question to determine is whether the risks of such a therapeutic measure, though they may be grave, may not be less than those which follow when the *accident is abandoned to nature* . . . No acupuncture, simple or medicated, and no electrolytic charlatanry will save a woman who has a vessel bleeding into the peritoneal cavity. If the child survives that rupture, it has a legal and a moral right to its life, and ought not to be deliberately killed."

Dr. T. G. Thomas.

"The incandescent knife is *ancient history*. A live foetus may be produced by surgery after the fifth or sixth month though not viable so early."[1]

Dr. R. B. Maury.

"There is no advantage in using the incandescent knife: the growth had better be removed entirely if possible."

Dr. Henry D. Fry.

"The incandescent knife would offer no advantages."

Dr. I. S. Stone.

"The 'incandescent knife' offers no advantages over the usual method of the surgeon, viz., quick removal as best for mother and child."

Dr. Wm. Goodell.

"The cold knife would, in my opinion, give a better chance for the foetus to live a few moments, because the delivery could be effected more rapidly."

1 Dr. Thomas is one of those who have used the incandescent knife with great success, yet, after trial, he has discarded it for the cold knife just as he has discarded laparo-elytrotomy for the Cæsarean section. The electric knife "has been weighed in the balance, and (by comparison) found wanting." Dr. Thomas says this of laparo-elytrotomy as compared to the Cæsarean section, but it applies equally to the incandescent *vs.* the cold knife. The only point that concerns the moralist is this: Which method gives a better chance to baptize the child? Dr. Goodell, another great authority, says: "The cold knife."

Dr. Matthew Mann.

"I can see no object in using the incandescent knife. The membranes can be simply cut open and foetus removed, but I can't see of what use before a viable age. After the 28th week the child must be given every chance."[1]

Dr. Robert P. Harris.

"In coeliotomy, where the foetus is alive, it is preferable to remove the entire growth when practicable. If the foetus is viable, it may be saved; if not sufficiently matured, it may live several minutes, or even hours."

Dr. C. E. Ristine.

"Use the incandescent knife only when the foetus has passed the viable period, 7th month; before this period of growth, remove the growth entirely."

Dr. J. E. Kelly.

"The incandescent knife has no established advantage over properly applied cold instruments. It appears that the tenor of this question is moral rather than surgical, as the only benefit to be derived from the prolongation of vitality, for a few moments, would be to afford an opportunity for the administration of the sacrament of Baptism."

Dr. Howard A. Kelly.

"The child has the best chance of living for a brief time if the sac is opened as soon as the abdomen is opened, and the foetus is immediately lifted out. The use of the incandescent knife to open the membranes does not in any way influence the foetus' chances of being born alive, and would be a thoroughly unsurgical procedure."

Dr. William H. Parish.

"In early months the growth is generally removed entire, unless the sac is ruptured accidentally. There is no good

The child can be removed by opening the sac, before the removal of the latter.

1 Dr. J. E. Kelly supplies the reason. This question, like the others, is patly surgical and partly ethical. It is its ethical side which makes it of interest to an ecclesiastical review. Roman Catholics, Greeks, Churchmen, Presbyterians, and several other Christian denominations understand the words of St. John, c. III, vv. 3-5, as meaning that baptism is a necessary condition to obtain the beatific vision, *i. e.* the vision of God face to face. The surgeon may not entertain this belief, but he is bound by an *implied contract* to respect the belief of the parents.—C.

surgical reason why the child should not be removed by opening the sack before the removal of the latter."[1]

Dr. J. M. Emmert.

"The growth should be entirely removed, if possible. The membranes are opened at once, the foetus removed first, which gives it every opportunity to live, which it will do if pregnancy has attained to seven or more months; if younger, it will sometimes live a few hours."

Dr. Henry Schwarz.

"If the foetus is sufficiently developed to be viable, it is a matter of course that the sac must be opened to give it a chance for its life."

Dr. John F. Roderer.

Most authorities agree that the whole growth should be removed.

"If the abdominal section should show that the tube contains a foetus, the best surgical procedure would be to remove with the knife the tube and its contents. If done quickly the foetus may live for a few minutes."

Dr. J. P. Chesney.

"Surely, remove growth entirely, all other conditions admitting it."

Dr. Mordecai Price.

"To your first question I answer, remove the growth entirely."

Dr. P. Gourdin De Saussure.

"Once a diagnosis of extra-uterine pregnancy has been established, the foetus should be removed at once by the knife of the surgeon."

Dr. Joseph Price.

"The growth and foetus should be removed when recognized, in the interest of mother and child."

Dr. J. F. Moran.

"It is not always possible to diagnose nature of trouble before operation. If it should be recognized as ectopic gestation before primary rupture, the growth should be removed without delay."

1 This would make baptism very easy, chiefly if the cyst could be lifted out of the abdominal cavity, guarded by antiseptic towels, and opened quickly.—C.

Dr. T. J. McGillicuddy.

"It would be best to divide the membranes and remove the foetus before rupture takes place."

Dr. James Weir Heddens.

"As a rule, I would remove the growth entirely. There are cases, however, in which the second procedure would be advisable."

"It is advisable to remove the growth in the early periods totally. In the later periods it is preferable to open the membranes with or without the incandescent knife."

Dr. George H. Rohé.

Others agree in the main, but add some explanations or qualifications.

"Methods of operating vary with the individual surgeon. Conditions impossible to foresee may require a change in procedure during the progress of the operation. For myself, I should regard the immediate removal of the foetus by means of the knife as promising as much safety to the mother and child as the use of the galvano-cautery. However, experts in the use of the latter might, with justice, prefer this."

Dr. Jos. Taber Johnson

"After a laparotomy the foetus should be removed—the danger would be less to mother and child. If the child is viable the chief danger to the mother would be in the removal of the placenta and arresting hemorrhage—*now* the rule is not to detach the placenta, but allow it to dry up and absorb or come away in slough."

Dr. L. H. Dunning.

"It depends upon time of operation. At full term the life of the child should certainly be saved if possible. The danger to the life of the mother is so great that I believe the abdomen should be opened as soon as possible after the discovery of the ectopic pregnancy, and the sac removed.

The very exception I should make to this rule is in cases of interstitial, intra-ligamentous and abdominal pregnancy which are discovered near the full term, and interstitial pregnancy at all times. It is still a mooted question whether in abdominal and intra-ligamentous pregnancies the child should be removed by abdominal section at term, or whether it should be allowed to remain and die, and the placental

circulation cease. The latter course I believe to be safer for the mother, but there is a moral question here that is most difficult to decide."

Dr. B. F. Baer.

"I should prefer the knife as giving the child a better chance to live a few moments."

Dr. E. C. Dudley.

The interest of the mother is paramount, but not exclusive.

"The operation should always be in the interest of the mother, and the individual case would have to decide what plan should be adopted."[1]

Dr. C. Henri Leonard.

"My course would be, pay no attention to the foetus; the *mother* first and *always* should be considered. Foetus at fourth month is not fully formed any way."

Dr. Barton Cooke Hirst.

"If the foetus is not clearly viable I should pay no attention to it, but would operate in any way best for the mother without regard to foetal life."

Dr. T. A. Ashby.

Religious convictions must be respected.

"The answer to this question is a matter of religious belief and training. I would be influenced in my actions entirely by the condition of the mother and the feelings of herself and friends."

Dr. L. E. Neale.

"I should open membranes, perform what religious rights may be necessary in case the child be alive, and remove the child and entire sac if practicable."[2]

1 Certainly, but the fœtus is a human being, and claims also the interest of the surgeon.—C.

2 In connection with this very important matter, I beg leave to offer the following practical suggestions. Baptism, if very necessary, is also very easy to confer; any person may pour a little pure water on the child and say at the same time: "I baptize thee in the name of the Father, and of the Son and of the Holy Ghost." But the operator can hardly do even that, the assistant who ligates the vessels, and the one who attends to anaesthesia have their hands full. Let then another person be on hand, a nurse well trained to baptize, or a clergyman, if possible. In the room itself there could be a bowl of water raised to the proper temperature; in

Dr. Charles P. Noble.

"(*a*) From a medical standpoint it is best to do at once the operation indicated by the conditions present. (*b*) The desirability of having an immature foetus live a few moments is either a legal or a theological question."

Dr. E. E. Montgomery.

"Should abdominal section disclose a living, viable foetus, the religious belief of the parents should certainly be respected and the foetus given an opportunity, if possible, to live until the necessary religious functions could be exercised."

Dr. Lawson Tait, pp. 543.

"Of late years much discussion has turned on various forms of treatment . . . and in the arguments used to support them, an altogether new, and, I venture to think, a very immoral element has been introduced. It is to the effect that if the child is alive the proper thing is to kill it, in the belief that the infant's sacrifice is the mother's safety. I am no theologian and this is hardly the place for a discussion on morals, but I am bound to say that this seems a most mysterious kind of belief, and it would put legitimate practitioners of medicine quite on a level with abortion-mongers and reckless craniotomists. Certainly I will have none of it; the more, that the men who urge it, happen, commonly enough, to be notoriously unfortunate in all their surgical efforts, belonging generally to the hybrid class of obstetric physicians."

If you cannot save the child, and it dies as a consequence of the care you give to the mother, at least don't kill it directly.

this bowl a vial, containing baptismal water and provided with a glass stopper to exclude disease germs, should be deposited in time to attain the temperature of the water in which it is immerged. Let there be a delicate anti-septic sponge, or a small syringe ready for use (a hypodermic one is not reliable). As soon as the cyst is opened, and the foetus exposed, the rite can be performed; it lasts five seconds by actual count. Direct the water to the head if possible; to any notable portion of the body, if it is not possible to reach the head, without hastening the death of the little waif. Operations are now conducted with such a delicate attention to propriety, that a clergyman can be present without the slightest breach of decorum.—C.

SIXTH QUESTION.

When the child is alive, having reached, or nearly reached, its full term (in intra-ligamentous or abdominal pregnancies), can it be saved? Should the physician wait until it is dead in order to avoid certain complications?

The child can be saved. The surgeon should not wait.

1st. Yes. 2nd. No.

Dr. Jas. Weir Heddens,
Dr. L. E. Neale,
Dr. Jos. Price,
Dr. Henry Schwarz.

Dr. T. J. McGillicuddy.

"(*a*) Yes, it can. (*b*) It depends upon the skill of the surgeon."

Dr. T. A. Ashby.

"The child should be saved when possible, if the mother's life is not jeopardized thereby. It is possible by prompt action to save both mother and child.

I would operate at the very outset of labor pains, or at the presumable end of gestation."

Dr. B. F. Baer.

"An effort should be made to save the child, but the risk to the mother is probably great."

Dr. Henry D. Fry.

"Can be saved in a large percentage of cases. Physicians should accept any slight additional risk to mother in order to give the child a chance.

Dr. Wm. Goodell.

"The child then can and should be saved, for I think it would be the duty of the surgeon always to try to save the child under such circumstances, and not to wait until it is dead."

Dr. T. G. Thomas.

"That question is no longer *sub judice*. In abdominal pregnancy, life has been and surely can be saved, by coeliotomy."

Dr. Wm. H. Parish.

"1. Yes.

2. The physician should *not* wait until the child is dead, for the mother and child are in very great peril daily."

Dr. C. E. Ristine.

"Yes, sometimes, in answer to the first part of this question. No, there are no complications which to my mind would justify delay until the foetus is dead: provided that was the sole object of delay."

Dr. A. A. Henske.

"There is a possibility for the child to be saved. The physician should never wait until the child is dead."

Dr. Michael O'Hara.

"Yes: the physician should never wait until it is dead, as complications would probably increase to a dangerous degree."

Dr. George H. Rohé.

"In many, certainly in the majority of cases, the child having arrived at term, and being alive, can be saved by operation. To wait for its death would be, in my opinion, a surgical blunder that could properly be characterized as worse than a crime."

Dr. J. Portman Chesney.

"Perform laparotomy. You will probably save two lives thereby; delay it and you *positively* lose one, possibly two. The danger to the mother in removing the dead foetus is even greater than that of removing the living."

Dr. P. Gourdin De Saussure.

"When the child is alive at full term operate for its and its mother's safety; never wait."

Dr. J. F. Moran.

"Yes, should operate at once; results more favorable to mother."

Dr. J. E. Kelly.

"Assuming that the foetus had reached a viable period and that the physican had diagnosed the fact—both most improbable assumptions—the physician should remove the foetus. This is the only possible method affording the foetus its inherent right to a chance of life."

Dr. Howard A. Kelly.

The brilliant results obtained by several skillful operators show the soundness of an active policy.

"The child can be saved, but extra-uterine children are apt to be feeble or deformed. The mother's chances are better after the death of the child. If the child were discovered to be alive in the course of the examination of the case, the proper mode of treatment would be to open the abdomen and remove the living child, if possible at the same time removing the whole of the sac with the placenta. If the placental adhesions were such that this organ could not be removed with safety, the cord should be cut off close to the placenta, which should be allowed to drain itself of its blood, after which the abdominal cavity should be carefully cleansed and the incision into the abdomen closed completely without drainage.

"I have removed two children from the abdomen, large and fully developed, five months beyond the normal end of pregnancy." [1]

Dr. W. T. Lusk.

"I have advocated removing the foetus because of danger incident to waiting, but I would operate even if the child was not viable. Every moment's delay increases the danger to the mother. I believe no one of the thirteen children extracted alive (in cases of ectopic pregnancy) are now living. Eastman's child lived, however, nine months. With our present knowledge, I believe the mother must be our first consideration in the rare cases where the life of the ovum is not extinguished by natural causes." [2]

Dr. T. A. Emmet.

Times and circumstances vary but the operation

"In consequence of my religious tenets, I have not been free in the past to act as a surgeon when the life of the child

1 This remarkable achievement goes to prove that both excessive haste and complete abstention must be deprecated.

2 Such a statement of Dr. Lusk, substantiated by other eminent surgeons, is ethically of the highest importance. It proves beyond a doubt that the operations by which the child is removed in cases of ectopic pregnancy are not directly and immediately life-destroying. If, then, the lives of the mother and child are in great danger, these operations are, to say the least, permissible.

had to be sacrificed, and consequently in such cases I have never operated. My experience had been confined to making the diagnosis in a large number of cases in consultation, after which I have withdrawn from all further responsibility, with one single exception where, under existing circumstances, I urged the use of electricity to save the mother. As a surgeon I would answer this question on general principles, that the operation, when undertaken, should be done quickly, and entirely in the interest of the mother. While I fully recognize the obligation to the foetus, that it should receive the grace of baptism if possible, I also realize from a surgical standpoint, that the life of the mother could be easily lost in a division of interests.

when undertaken must be performed with rapidity.

"N. B.—The incandescent knife, in my judgment, would not be of any special advantage in prolonging the life of the foetus, or to lessen the hemorrhage; and to open the sac quickly that the child might be baptized before its death, I would prefer to use the means generally employed.

"In every case of abdominal pregnancy when the child had already nearly reached full term, I would wait for the completion, if it were safe to do so, and then save its life by removal. Under the circumstances, the claims of the child for the preservation of its life, are equally as great as those of the mother. And while the danger to the mother is increased, *in justice* she should be subjected to the additional risk to save the child."[1]

1 Some persons object to Roman Catholic obstetricians on account of their well-known aversion for anything that savors of life-destruction; but others prefer them for this very reason. Not a jot, not a tittle of the law must be disregarded, but its meaning must not be stretched beyond its natural comprehension. We think it would be wrong to cast on the dividing of membranes in ectopic pregnancies the blame attached to craniotomy, which is 'a sad and disgusting procedure.'

1. *In Ectopic Gestation*

the dividing of membranes is primarily intended to stop the hemorrhage and ligate the vessels which are, or are soon to be, disrupted;

1. *In Craniotomy*

the child is killed first in order that the mother may survive; the death of the child is really the means used to save the life of the mother;

Dr. Mordecai Price.

Do not wait until the child is dead.

"Operate in all cases as soon as the diagnosis is made.— I send you report of case at term, report answers some of your questions."

Dr. Jos. Taber Johnson.

"Yes to the first part. He should not wait until it is dead, but remove it alive,—which he can almost certainly do and leave the placenta to the chances of absorption, or coming away in pieces afterwards. He may find it possible to ligate the vessels."

Dr. John F. Roderer.

"When rupture of the tube takes place between the folds of the broad ligament, then the growth of the foetus may go on to full term, or it may die after a certain time and be absorbed as an extra-peritoneal haematricle ; or after it dies, it may suppurate and be discharged through the bladder, vagina, or some part of the intestinal tract, or it may remain quiet as lithopedion. It can also, by rupturing again through the wall of the broad ligament, become an abdominal pregnancy.

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2. the action is not *directly* life-destroying, but *directly* remedial and *indirectly*, though often, life-destroying ;	2. the action is *directly* life-destroying and *indirectly* remedial ;
3. the child is forcing its way by destroying tissues which nature did not intend to be severed. It is therefore unconsciously invading the rights of the mother ;	3. the child, when destroyed, is seeking to reach the outside world by the ways marked out by nature. It is therefore using its right ;
4. unless these membranes are severed, the child will almost infallibly destroy its mother and will itself perish in the blood which it will have caused to flow, come out in decomposing shreds, or be turned into a lithopedion ;	4. other ways are at hand for the doctor. He may have recourse to symphysiotomy, laparo-elytrotomy, or Caesarean section ;
5. the death of the child is not certain and immediate, as the success of Drs. Lusk, Howard Kelly, Joseph Price and others, show conclusively.	5. the death of the child is both infallible and immediate.

"When the child is alive, it can be saved by abdominal section. The physician should wait until the child is viable. The treatment of the placenta while the child is viable is difficult. After death the placenta is absorbed. During the absorption of the placenta the mother is exposed to great danger. For that reason and also for the greater reason that he can save the child, the physician should never wait for the death of the child in order to operate, even if he has more trouble in dealing with the placenta."

Dr. E. E. Montgomery.

"While the death of the foetus and the subsequent arrest of the circulation of its placenta will decrease the danger to the mother, yet I should feel, where the child was alive and had reached, or nearly reached, its full term, the operation should be done with a view to save the lives of both individuals."

Dr. C. Henri Leonard.

"Doubtful.—No ; the mother claims first attention *always.*"

However, some qualify their approval of an active policy, or even prefer an expectant one.

Dr. L. H. Dunning.

"Usually. Still an undecided question. Don't know how I should decide at the bedside. Have never been compelled to. Usually the mother's chances of recovery are increased by waiting, if we may trust reports of cases."

Dr. J. M. Emmert.

"Wait until the circulation has ceased, and symptoms of disturbances from its pressure present themselves, then reopen the abdomen and remove it. Often times, the peritoneum will digest the placenta, and it will give no trouble. These answers are brief, but I presume that is what you want."

Dr. E. C. Dudley.

"The child is rarely, if ever, saved beyond a few hours or days. *The best modern conclusion is that an ectopic pregnancy should be considered in the light of a malignant tumor and treated as such.* After pregnancy has gone to term or nearly to term, the great danger to the mother is hemorrhage at time of operation ; to avoid this, the surgeon would some-

times be warranted in postponing operation until the death of the child. A positive diagnosis in early ectopic pregnancy is a very strong indication for an immediate operation to avoid hemorrhage from rupture."

Dr. Barton Cooke Hirst.

"1. Yes: it has been done a number of times. 2. Not necessarily: but the operation after foetal death and atrophy of the placenta is usually safer for the mother."

Dr. Robert P. Harris.

"1. Yes, in very rare instances.

2. As a general rule; it is safe to wait until the foetus has been some time dead."

Dr. R. B. Maury.

"The child may be saved, but the mother's life is greatly imperiled by operating while the child is alive, near term. It is best in the interest of the mother to wait until the child has been several months dead."

Dr. I. S. Stone.

"1. Often can be saved. In fact generally can be saved.

To operate in time to save the child, if possible, is the present tendency of the profession.

"2. No. (Note—I speak from the standpoint of the surgeon; a physician merely, who could not hope to operate successfully might wait with propriety, but surgeons are always to be had and hence 'No' to this question.)"

Dr. Charles P. Noble.

"From a medical standpoint he should do that which gives the mother the best chance. Experience must determine this in the future. Heretofore surgeons have usually waited until after foetal death. Their present tendency is to operate without delay."

Dr. Matthew D. Mann.

"The profession is rapidly coming to the opinion that with a live child near full term an operation should be done and the child given a chance for its life. The risk to the mother is not too great."

Dr. Joüon, (Grossesse Tubaire, p. 55.)

Avoid both undue haste and procrastination.

"If hemorrhage puts on at once an acute form, interference is imperative, but 'be not dismayed,' says Prof. Le Dentu, 'whenever haematocele is ushered in by threatening symp-

toms (par des symptomes très bruyants), calmly await developments; if three or four hours later, the symptoms become more alarming, operate boldly; otherwise, wait until the sluggishness, or the altered character of reabsorption compels you to interfere.' Mr. Pozzi agrees: 'The question, which was an open one a few years ago, is no more *sub judice*. Whenever hemorrhage threatens the life of the patient, you must seek the blood-spring, be it an external wound or an internal rupture.' To delay and rely on spontaneous hemostasis, is, in almost every case, to let the woman die in order to shirk responsibility for an operation which is far less dangerous than expectancy."

Dr. Lawson Tait, (op cit. p. 556.)

"I advocate the principle of saving a child who has survived the catastrophe of the primary rupture of the tube by being extended into the broad ligament. If its existence is recognized during its life, the mother ought to be carefully guarded and watched till the false labor sets in . . . From this point of view, therefore, neither the time selected for the operation nor the details of the proceeding will be influenced save by two considerations, *not to operate before the child is likely to be viable*, provided the delay necessary does not prejudice the mother; and *not to delay* at all after the death of the child."

Such is the evidence which we were enabled to gather; the work of the compiler is done; may it prove of service to the theologians and moralists, whose duty it is to tell us:

Quid deceat quid non, quo virtus, quo ferat error.

R. I. Holaind, S.J.

MODIFICATIONS OF PREVIOUS SOLUTIONS BY PP. LEHMKUHL, S.J. AND AERTNYS, C.SS.R.

WE have already called attention to the many-sided possibility of physiological treatment in the case of ectopic gestation, and to the consequent difficulty for the casuist in moral theology who attempts the solution of the problem involved. The testimony of medical practitioners of the first order, in this department of their profession, which is found in the present issue of the REVIEW, gives the student some idea of this difficulty. Few theologians would venture any opinion, and we may consider it especially fortunate, under the circumstances, to have obtained three authorities who propose to enter the ranks for a discussion, not, indeed, to settle the difficulty by a statement which they hold to be apodeictic, but to test each portion of the problem and to obtain the weight and measure of complex facts by the application of principles to each in detail and all in the gross.

It is characteristic of men thorough in the intellectual professions, that whilst they are definite in their statements they are no less distrustful as to the exclusive correctness of them. This was the disposition in which PP. Lehmkuhl, Aertnys and Sabetti entered the discussion. They were each prepared to relinquish their own views as they had at first, frankly and independently of each other, stated them, provided any proposition on their part could be legitimately impugned. This is not the least instructive part of the present argument, the fundamental difficulties of which could in nowise have been cleared so effectually as by a discussion between disputants of such calibre and temper.

To show the progress of the argument we give here the modification of their opinions, received by us from PP. Lehmkuhl and Aertnys immediately after they had seen the symposium of their solutions with that of P. Sabetti.[1]

The Rev. P. Lehmkuhl comments upon the discussion in the November number as follows:

1 The text of these modifications reached us just as we had gone to press with the December number. P. Lehmkuhl has since then replied to the "Animadversiones" by P. Sabetti, as seen in the article "Excisio foetûs atque ejus directa occisio," which we publish in the present issue.

Quaestiones propositae fidentius et certius sane solvi poterunt, si responsa medicorum et physiologorum fuerint certiora: nam hucusque nondum omnia sunt enodata.

Difficile, quantum opinor, est determinare tempus, et conditiones matris, in quibus liceat ad operationem procedere, etsi eam non utcunque illicitam habes. Quod tetigi in meo responso in hoc periodico fascic praeced. inserto pag. 350.

Clarius id faciam, adjungendo aliquas observationes circa ea, quae *eodem illo loco* pag. 337 et 338 in "Conclusione" dicta sunt. Conclusio illa duas habet partes, scilicet: (1) quid licere videatur in dubio insolubili extrauterinae graviditatis, (2) quid in certa graviditate extrauterina.

In 2^da^ igitur parte dicitur: "Let us assume that the growth is really an ectopic cyst containing an embryo, and a rupture, most probably fatal, both to the mother and to the child, is imminent, what must you do? I answer with great diffidence: . . . Perform abdominal section, open the cyst and baptize the child . . . You cannot save its tiny body, you can save, at least, the soul. It cannot be said that you kill, although you indirectly cause its actual death, etc." Quod Auctor "Conclusionis" ibi pro modestia sua "cum magna diffidentia" se proferre dicit, equidem puto satis fidenter et sine practica dubitatione teneri posse, *si modo vere imminet fatalis seu letalis ruptura organorum maternorum.* Verum, utrum periculum illud fatale certo immineat, an nondum satis certo letale sit pro matre, sed sine letali ejusmodi exitu foetus ulterius evolvi usque ad tempus quo securius baptizetur, vel fortasse usque ad aetatem vitae extrauterinae possit, id, si rem bene intelligo, medicis difficile erit determinare. Quam primum hoc negare, illud affirmare bebent, theologica difficultas, ex mea sententia, non adest. Tum enim censeo, licite adhiberi non eas quidem operationes, quae tendunt primo in foetum occidendum et consequenter in eum removendum, sed eas, quae tendunt directe in tumorem fatalem seu foetum removendum eique baptismi possibilitatem conciliandam, etsi consequenter secum trahant mortis foetus accelerationem:—quae permittitur, non intenditur.

In 1^ma^ parte "Conclusionis" dicitur: "When it is impossible to find out the nature of the growth, the physician has the right to assume that it is not a child, because monstrosities are not to be supposed." Quod responsum non hoc sensu approbare possum, quasi propter praesumptionem naturalis ordinis servati liceat agere, acsi extrauterina conceptio non adsit. Imo quia, utut *certus* non est

foetus qui pereat, tamen adest *periculum* foetum directe perimendi, solum ejusmodi operationes adhibere licebit, quas licet, quando de graviditate extrauterina certo constat, i. e. excisionem totius tumoris cum foetu dubio, non arefactionem aliamve operationem qua tumor cum foetu fortasse existente evanescat. Nam actio, *qua directe perimit*, sive contra foetum certum, sive contra foetum dubium exercetur, est illicita intrinsecus; sicut intrinsecus illicitum est explodere sclopetum in rem, de qua sive certus sive dubius sum, sit homo vivus. Attamen paullo facilius ad excisionem procedere medicum posse, puto. Nam quum dubium solum sit, an exsistat foetus, cujus vita per operationem in discrimen vocatur, imo praesumptio quaedam, eum non existere: puto non tantam certitudinem letalis periculi pro matre necessariam esse, ut operationem adhibere liceat ad matris vitam protegendam, quantam, si foetus existentia est certa.

Exaeten in Hollandia. AUG. LEHMKUHL, S.J.

The Rev. P. Aertnys, in view of the data obtained through the discussion, modifies his previous solution, adding in the letter which accompanies the same, the following: *Nihil aliud intendere debemus, quam ut veritas eluceat; quapropter, si me errasse compererim, ad sententiam mutandam semper paratus sum.* We append the words of the illustrious disciple of St. Alphonsus:

Invitationi tuae morem gessi, ut, si quid in mea casus resolutione mutare vel addere vellem id quam primum perficerem tibique remitterem, et revera Quaestione de novo ponderata meliusque perspecta, agnovi aliqua mutanda atque addenda esse; haec autem in folio hisce litteris adjuncto adnotavi. Quaestionem hic iterum prout rectum mihi videbatur resolvi, salvo meliori judicio me sapientiorum.

Ad I. Juxta doctrinam Medicorum[1] Medicus non facile nec cito potest certiorem se reddere num praegnatio ectopica revera adsit. Experientia factis praeteritis comparata Medicos docuisse debet utrum tumores ejusmodi frequenter an raro sint foetus.

1 Cfr. Dr. O. Kresz. *Die Geheimnisse der Zeugung*. Kap. 30.—Surbled. *La morale dans ses rapports avec la medecine et l'hygiene*, liv. 4, chap. 15.

Porro, in dubio positivo utrum pregnatio ectopica revera adsit, jus certum tuendi vitam matris praevalet contra merum *periculum* occidendi hominem, et hac ex parte assentior responsioni Damiani.

Si constat verum adesse foetum, approbo operationem chirurgicam, qua foetus non directe occidatur, sed tantum in lucem educatur, dummodo nempe foetus *vitalis* sit; quia tunc adest, non abortus, sed solummodo *partus praematuri* procuratio, quae justa de causa licita est. Si foetus non est vitalis, sed jam ventrem matris egredi conatur, et in eo est ut organa matris dirumpat cum periculo vitae matris, etiam tum approbo operationem, quae tendat dumtaxat ad removendum periculum matris in exitu foetus; quia tunc neque procuratur abortus, quippe qui jam naturaliter accidit, neque foetus occisio, cum in mortem ejus non influat, utpote quae ex abortu naturali secutura est. Extra istos casus, approbare nequeo neque membranarum perforationem, neque effusionem humorum qui in tunicella ceu cysto continentur; quia, ut recte notat Damianus, hae operationes directe occidunt foetum immaturum: neque approbare possum divisionem membranarum per cultrum platineum electrico aestu candentem; nam haec operatio est vera abortus procuratio, qua foetus directe occiditur. Neque dicere juvat eam esse meram mortis *permissionem;* id quippe falsum est, nam est *actio mortifera*, qua *efficitur* ut foetus arte eductus mox perimatur, haud secus ac mersio hominis in mare, qua efficitur ut mox suffocetur.

Subsequently P. Aertnys confirms the view that, in a case of doubtful gestation, the *certain right* of the mother to save her life must prevail against the *mere danger* of killing the child. He says:

Etenim juxta doctrinam Theologorum non est reus homicidii ille, qui, justa et proportionata extante causa, exercet actionem periculosam, ex qua interdum mors hominis evenit, dummodo debitam diligentiam adhibeat ad occisionem cavendam; quia tunc occisio, si contingat, non est voluntaria, sed casualis. Cf. S. Alph. Lib. iii, n. 398. Atqui in dubia utrum tumor in ventre mulieris foetus sit an quid aliud, foetum esse non est praesumendum, cum praegnatio extra-uterina rara sit. Ergo salus mulieris causa sufficiens est ad exponendum se periculo occidendi foetum, et, si praeter intentionem occisio contingat, erit homicidium casuale.

As regards the second question in which a doubt has been raised whether the child *ectopic* may not be considered in the

light of an unjust (materially) aggressor upon its mother's life, P. Aertnys holds that this assumption cannot be sustained by reasonable argument. The infant is not in an active but in a wholly passive condition.

Porro me judice, falso asseritur infantem esse aggressorem materialiter injustum ; etenim, sive in utero existat sive alibi reconditus sit, nequaquam mortem intentat matri, siquidem non ipse actione propria conatur egredi, sed corpus matris infantem expellit et haec expulsio a matre emanans fit matri causa mortis. Infans ergo non est *aggressor*, et multo minus est aggressor *injustus*, sed conatus ventris materni mortifer est. Itaque haec theoria injustae aggressionis, mea sententia, est mera fictio.

Jos. Aertnys, C.SS. R.

EXCISIO FŒTUS ATQUE EJUS DIRECTA OCCISIO.

Post diversa theologorum vota circa casum extrauterinae graviditatis in hisce libellis periodicis publicata in animo mihi non erat, in controversiam de hac re intrare, sufficere arbitratus, ut lectori sententiae proponerentur: ex quibus quoad ultimam practicam conclusionem mea sententia cum sententia P. Sabetti fere convenerat. Verum quum nunc haec mea sententia impugnetur, puto, me lectori id debere, ut, quod antea scripseram, defendam atque stabiliam.

Omnis, quae inter me et P. Sabetti exsistit quaestio, in eo versatur: I° utrum in casu nostro *excisio* fœtus *certo sit directa occisio*, an satis probabiliter id negari possit; prius P. Sabetti tenet, ego teneo alterum. II° Utrum in casu nostro foetus satis probabiliter dici possit injustus vitae maternae aggressor, an id negari debeat: dicit P. Sabetti, ego nego.

Ad I^{m} P. Sabetti quidem dicit, *id patere*, videlicet excisionem fœtus esse directam ejus occisionem. Verum id, non probabili tantum ratione, sed invicte probari debet. Ratio, quae ad id probandum affertur, haec sola est, quod mors fœtus seu mortis acceleratio necessario cum illa excisione conjungatur.

Equidem fassus sum et fateor, cum illa excisione necessario conjungi mortis foetus accelerationem, atque foetum privari medio ad continuandam vitam necessario; sed negavi et nego, inde certo concludi posse, eam esse directam occisionem: quod exemplo naufragii demonstravi. Qui enim in naufragio, natandi imperitus, a tabula arrepta in mare prosilit, vel occupatam tabulam sibi soli servans alterum ex ea deturbat, ut alteruter salvetur, quum uterque non possit salvari; is se vel alterum privat etiam medio ad continuandam vitam necessario, neque directam committit sui vel proximi occisionem. Videtur tamen P. Sabetti etiam hoc pro illicito habere, quum dicat, in illo casu naufragii hominem se negative tantum habere. At, quamvis in hac re diversae exsistant opiniones, aliis dicentibus, non licere mihi cedere tabulam amico, nisi habeam peritiam natandi, vel nisi agatur de tabula nondum arrepta, aliis, id plane licere, imo ex doctrina S. Thomae id esse perfectissimae virtutis: negari nequit, omnino probabilem et practice tutam esse eam multorum theologorum sententiam, quae cum S. Thoma actionem illam a macula directae occisionis defendit. Ballerini-Palmieri in "Opere theologico Morali," trac. vi, sect. v, n. 25 hanc quaestionem etiam tractat atque ita concludit: "Ceterum ex communissima doctrina licita potes, sed non teneris, cedere tabulam, etiam apprehensam, ceteris paribus." Qui autem simpliciter affirmat, licere cedere tabulam, licitam etiam declarat actionem, qua haec cessio fit efficax. Incidens autem tabulae eam cedere efficaciter nequit, nisi positive se habeat vel prosiliens in mare, vel alteri facultatem tribuens, ut ab ipso in mare projiciatur.

Et re vera *complures* cogitari possunt actiones, quae in ordinariis circumstantiis vel sint directa occisio vel ei acquivaleant, quae nihilominus in extraordinariis circumstantiis longissime absint ab illa malitia, sed solam mortis incurrendae permissionem continent. Praeter allatum exemplum liceat aliud afferre, in quo actio etiam propinquius cum morte seu occisione conjuncta est, quam in nostra foetûs excisione, neque tamen actio illa pro directa occisione habetur. Sume e. g. factum Eleazari, quod narratur in

S. Scriptura, *1 Mach. 6, 43 sq.*, qui ut cladem hostibus inferret, elephantem occisurus, ei se supposuit, a bestia conterendus; vel factum Samsonis, *Jud. 16, 30*, qui concutiens columnas domus se ipsum cum hostium multitudine simul interfecit. De quibus factis praestat breviter audire Lessium, *De Justitia et Jure L. 2 cap. 9 n. 32:* "Nec obstat, quod S. Augustinus dicat Samsonem non excusari, nisi quia Spiritus latenter hoc jusserat; quia alii hic nullam talem jussionem censent necessariam. Vide Cajetanum in illum locum, et Ambros. *L. 1 officior. c. 40*, ubi factum Eleazari, quod est omnino simile, valde laudat. Idem tenet Lopez, *1 p. cap. 65 in fine*, et multi recentiores."

Atque etiam Lugo hanc illius facti interpretationem, qua sumitur pro *indirecta* occisione, ac proin non intrinsecus mala, in celeberrimo opere "De Justitia et Jure," *disp. 10. n. 55*, admittit. Imo eodem loco n. 51 seq., discutit fusius casum de milite injiciente ignem in tormentarium pulverem ad evertendam turrim hostium, ex quo certum sit momento eundem militem dissipandum. Post plura disputata haec habet: Difficultas est, quando *certum* est non posse propriam mortem vitari, quando ignem injicis vel ad turrim vel ad navem dissipandam, an id liceat, ut adversarios conteras vel debilites. Utrinque enim videntur esse rationes (i. e. tum quae suadeant, id licere, tum quae suadeant contrarium.) . . . . Fortissime tamen urget, quod in eo casu non te directe occidis, neque id intendis, sed indirecte et praeter intentionem: directe enim solum vis occidere hostes, licet praeter intentionem *eodem ictu vel incendio pereas.*—Ergo gravissimus ille auctor admittit omnino fieri posse, ut ex actione aliqua necessario et proxime sequatur mors innocentis, neque ea actio dicenda sit directa occisio, quando videlicet aeque immediate effectus bonus proportionatus directe intentus, sequatur.

Stat ergo saltem mea sententia, non esse invicte probatum, excisionem foetus esse ejus directam occisionem ex eo, quod ejus mors necessario cum excisione conjungatur vel quod privetur medio ad vitam continuandam necessario; quare licebit porro opinari, eam excisionem, gravissimis occurenti-

bus circumstantiis, pro sola indirecta occisione seu mortis permissione haberi posse, eamque tum licitam evadere.

Ingens autem discrimen dico intercedere inter ejusmodi excisionem et craniotomiam. In qua posteriore occiditur infans, ut per ejus occisionem et concisionem atque *consequenter ad eam* mater salvetur; nam per foetûs occisionem possibilis evadit ejus extractio, qua mediante mater salvetur. In nostro casu *primo* sequitur foetûs extractio et matris liberatio, *consequenter* foetûs exstinctio.—Haec de 1^ma^ nostra quaestione, circa quam de cetero conferri possunt, quae habeo in mea *Theologia Morali I, n., 843 sq.* Quae enim ibi de casu simili, at non eodem, dixi dubitanter, multo fidentius ad nostram rem transferenda puto, quum in illo casu de naturali graviditate agatur et demum per sectionem Cæsaream foetus vivus et in statu vitali probabiliter in lucem edi possit: quod in casu nostro ex suppositione impossibile est.

Brevior ero in quaestione 2^da^.

Potestne in nostro casu foetus probabiliter dici injustus aggressor? Pro inconcusso habere deebmus, hunc rei concipiendae modum fieri *non posse*, quando agitur de graviditate consueta seu uterina. Obstat decretum S. Officii d. d. 31 Maji 1884. Aggressor quidem, si ita loqui vis, vitae maternae foetus in utroque casu, sive consuetae sive ectopicae graviditatis, aeque bene dici potest. *Injustitia* aggressionis igitur peti debet ex hoc innaturali situ ipsius foetus. Verum cogitare non possum, quid injustitiae, etsi materialis tantum, hic ex parte foetûs committatur vel commissum sit. Conditio foetûs tota, qualis exsistit, causata est ab ipsis parentibus et causis naturalibus; imo vitium naturae non est ex foetu sed ex parentibus. Quare a foetu committitur, mea pace, aggressio quidem, sed non aggressio injusta. Equidem puto, si unquam ad theoriam injusti aggressoris questio nostra reducatur, in tuto positam non esse decretum S. Officii, quo craniotomia proscribitur.

AUG. LEHMKUHL, S.J.

CONFERENCES.

OUR CRITICISM OF THE CATHOLIC DICTIONARY.

It is gratifying to know that a change is to be effected in some of the objectionable features of the "Catholic Dictionary" which were pointed out by us a short time ago. Messrs. Benziger Bros., publishers of the American edition, write to us:

NEW YORK, December 1, 1893.

REVEREND DEAR SIR:—Referring to your criticism in the November number of the AMERICAN ECCLESIASTICAL REVIEW on the treatment of the "Scapular" in the Catholic Dictionary, we beg leave to say that we have written to the publishers of the book, in London, asking them to have the article changed.

We had not read the book when we purchased our edition, but as it was claimed that it was "revised and corrected" we took it for granted that the "Scapular" article and any others that needed change had been looked after.

Very respectfully yours,

BENZIGER BROS.

This is prompt and honorable *amende* on the part of the American publishers, though they are not in the main responsible for the injury of misdirecting readers of the Dictionary on an important subject of Catholic devotion which, as it is, suffers enough from misrepresentations by those outside of the Church, who criticize without understanding. As a rule the good name of a firm is accepted as a sufficient guarantee for the quality of its publications; but Catholics find a greater safeguard in the "Imprimatur," which presupposes that a conscientious censor has indicated to the publishers not only the errors which absolutely require correction, but all such changes as may justly be deemed a *conditio sine qua non* for permitting the name of the ecclesiastical authorities to be placed upon the title-page.

The "Catholic Dictionary" appears to have not only this guarantee of approving censorship, but the endorsement of

such names as Cardinals Manning, Newman, Vaughan and that of the careful and learned Archbishop of New York. We say designedly "appears to have," for on close view much of the high sounding patronage rests merely on the skillful presentation of words never intended to recommend the Dictionary which we have before us. The writers of the Preface to the first edition say :

Their Eminences the Cardinal Archbishop of Westminster and Cardinal Newman have been pleased to express their *approbation of the undertaking*. Cardinal Manning wrote : "I am very glad to hear *that it is proposed to publish* a 'Dictionary of Catholic Theology and History.' It will supply a great want in our English literature."

This is the extent of Cardinal Manning's approbation. We italicize to show that he evidently had no knowledge of the contents of the *proposed* Dictionary and simply answered a note in which the projected work had been commended to him. Cardinal Newman's *approbation* is of the same character. He speaks of the Dictionary as a "desideratum in our literature," but does not intimate that he had ever seen it when he wrote his encouraging letter. Two or three gentlemen were asked to write single articles for the Dictionary, and their names are made to give additional flavor to the foregoing recommendations. But was there no censor? Yes. The Rev. Father Keough of the London Oratory is mentioned in the Preface as furnishing the writers with many valuable suggestions and corrections. "At the same time it is right to add that the 'Nihil obstat' appended by him certifies indeed that *the limits of Catholic orthodoxy have been observed*, but *by no means implies the censor's* personal agreement or *sympathy with many of the opinions expressed.*" This gives us the key to the whole transaction. There would be no need in a work professedly Catholic, of a protest such as the authors make in Father Keough's behalf, unless it were meant to express just what it does express, viz : that no heretical doctrine has been allowed in the book. One of the two leading authors has, it is credibly reported, renounced the Catholic faith since he wrote his part of the Dictionary, and that fact, if it were needed to prove the serpent's trail in

the work, would justify suspicion, if not of heterodoxy, at least of loose views regarding Catholic devotion, and partial views regarding Catholic history. The hand that wrote the article on the "Scapular" is visible in other parts of the book. The *Nihil obstat*, therefore, means in this case no more than that Father Keough found no heretical teaching in the work and perchance prevented any from going into it. Father Keough's name does not appear on the present edition. The name of another is substituted as "Censor deputatus," who no doubt took for granted that what had passed others might be passed by him. Perhaps so, if all that is not opposed to Catholic doctrine can be said to be harmless to faith and devotion. The category of things dangerous to Christian intelligence and lowering the high standard of Catholic morality may never be ignored in popular books, where the ignorant or doubtful are bidden to find right knowledge, if not exact knowledge, of things pertaining to their religion.

We plead for a thorough revision of this book or else for one in its stead that does justice to the high object which it proposed to serve, and no less to the *bona fide* purchasers.

COMMUNION ADMINISTERED TO LATIN CATHOLICS BY PRIESTS OF ORIENTAL RITE.

According to the disciplinary regulations established by the Constitution of Benedict XIV, governing the liturgical observances of the different churches of the Western and Eastern rite, a Roman Catholic could not receive Holy Communion from a Greek priest. Where the contrary custom had obtained of Latin and Greek Catholics communicating indiscriminately under the form of fermented or unfermented bread, the Holy See tolerated it, with the injunction of gradually abolishing it so that each Church be brought to observe strictly its traditional and peculiar rite.

By a recent decree this rule has been modified, and Catholics of whatever rite may receive the Holy Communion at any time from a priest, whether he belong to the Latin or Greek rite

(in communion with the Holy See), provided there is no church or priest of their own rite in the locality.

The purpose of this concession is to obviate the frequent danger to which Catholics are exposed who dwell in a mixed population and at often great distance from a priest ministering in their own rite, of being prevented from complying with the Easter precept or receiving holy Viaticum. The faculty is, however, not restricted to these two cases, but exists, as stated above, for all who have not a church or priest of their own in the place where they live.

The Decree will be found in the *Analecta* of this issue.

MEMBERS OF THE G. A. R.

In reply to a question put to the Sacred Congregation of the Propaganda by a member of the G. A. R., the Sacred Congregation has communicated the following decision to one of our Bishops:

"Socios de quibus agitur non esse inquietandos; sed catholici abstineant omnino a communicatione cum acatholicis in precibus, et generaliter in divinis." (S. Congr. de Prop. Fide, d. 7, Jan., 1893.)

THE "IMPEDIMENTUM CRIMINIS EX MATRIMONIO ATTENTATO."

In replying to a query regarding the "impedimentum criminis" in the December number of the REVIEW, we made a statement which is liable to misconstruction, although our meaning must have been evident from the context. We said:—

The "impedimentum criminis" need not have any application in the case, unless it be shown that there existed a *promissio intuitu futuri matrimonii post mortem conjugis veri.*—The "impedimentum criminis" is of the nature of the crime which plots against the life of a husband or wife, and includes the disposition to commit murder in so far as it is fostered by the intention of the surviving party after

the death of the legitimate husband or wife. The *promise* is therefore an essential feature of this impediment, because it tends to elicit or strengthen the wish to have one of the parties die.

A Reverend Correspondent notes the fact that we lay particular stress upon the *promise* of a future marriage, as if this was meant to exclude the fact that the impediment may arise "ex adulterio cum *matrimonio attentato de praesenti.*" Certainly if a *promissio matrimonii* constitutes the essence of this impediment, then *a fortiori* a *matrimonium attentatum*, which is practically the promise assumed as already binding. What we intended to convey above was that the "adulterium" of itself would not constitute the impediment, but that the "promissio matrimonii" (or the attempt to contract it *de praesenti*) was required as an essential element of invalidation.

THE WRITTEN PERMIT FOR THE ERECTION OF THE "VIA CRUCIS."

Qu. Is the faculty granted in the Forma Facultatum ordinarily given to our clergy at their appointment to missionary duties by the bishops, a sufficient permit for the valid erection of the "Way of the Cross," or does each erection call for a special permit in writing?

Resp. For the valid erection of the "Via Crucis" the *written* consent of the Ordinary of the Diocese is required in each separate case. The question, whether our missionary "faculties" (Fac. extraord. c. 10) containing among other privileges that of erecting the "stations" in places not within the jurisdiction of the Franciscan Order, suffice for the validity of the act without a distinct permit in writing for each "Via Crucis erigenda," has been discussed in these pages from several points of view. The conclusion seems unavoidable that, unless the bishop (and, in case of private chapels, also the pastor or religious superior of the place) has sanctioned in writing the particular erection, the same is invalid. We repeat here the authority upon which this con-

clusion is based. In 1879 (21 Jun.) the S. Congregation Indulg. was asked :

An consensus Ordinarii *in scriptis* requiratur sub poena nullitatis *in singulis casibus pro unaquaque Stationum erectione*, vel sufficiat, ut sit generice praestitus pro erigendis Stationibus in certo numero ecclesiarum vel oratoriorum sine specifica designatione loci." *Resp.* *Affirmative* ad primam partem. *Negative* ad secundam.

Some time later the Holy See was informed that the above-mentioned injunction of obtaining the *consensus ordinarii in scriptis* had not been everywhere observed, but that many priests had acted upon the general faculty (Extraord. C. 10,) as sufficient, without having had further recourse to the bishops in each case; that in consequence of this neglect the validity of erection remained in many cases questionable. The Holy Father was therefore asked to grant a *sanatio in radice* by which the defect of the original formality was cancelled. Leo XIII granted this request in 1883 (October 21), but desired that thenceforth the original form be strictly observed under pain of nullity, adding, "ad avertendum vero in posterum quodcumque dubium desuper legitima erectione Viae Crucis curent parochi vel rectores ecclesiarum in quibus modo exposito erecta fuit Via Crucis petere in scriptis ab Ordinario requisitum consensum pro qualibet erectione singillatim."

As the law on this subject seems still insufficiently understood a new "sanatio" appears desirable, for which the bishops only can make definite provision.

ANALECTA.

S. COMMUNIO PRO FIDELIBUS LATINI ET ORIENTALIS RITUS.

Ex S. Congregatione de Propaganda Fide Pro Negotiis Ritus Orientalis.

In variis catholici orbis regionibus, in quibus diversorum rituum fideles permixti inveniuntur, deplorandum sane est saepe saepius nonnullos proprii ritus Ecclesia et sacerdote destitutos manere. Ex quo fit ut quidam ex illis propriae devotioni satisfacere, nec non christianae vitae fervorem per Sacramentorum frequentiam conservare et augere desiderantes, ex difficultate S. Communionem sumendi in proprio ritu, a S. Sede privilegium communicandi in ritu alieno etiam extra casus a iure permissos continuo expostulent; alii vero quam plurimi propter eamdem rationem inducantur potius ad diuturnam Sacramentorum incuriam cum maximo eorum vitae spiritualis detrimento.

Hisce recursibus ac malis effectibus permota haec S. Congregatio de Propaganda Fide pro negotiis ritus Orientalis per opportunum aliquod ac salutare remedium iisdem occurrere voluit. Hinc, de consilio Emorum Patrum praedictae S. Congregationis, SS. D. N. Leo PP. XIII, referente R. P. D. Augustino Archiep. Larissensi S. Congregationis de Prop. Fide Secretario in Audientia diei 2 Iulii anni 1893 sequens decretum edi et expediri mandavit: nimirum.

Quo utilius frequentia promoveatur SS. Sacramentorum, quae efficacissima sunt media a Christo Domino instituta ad procurandam salutem animarum, et quo opportunius duplex illud praedictum inconveniens de medio tollatur, omnibus fidelibus cuiuscumque ritus, sive latini, sive orientalis, degentibus in locis, in quibus non sit ecclesia aut sacerdos proprii ritus, facultas in posterum a S. Sede conceditur SS. Communionem, non modo in articulo mortis et pro paschali praecepto adimplendo, sed etiam quovis tempore devotionis gratia, iuxta ritum Ecclesiae existentis in praedictis locis, dummodo catholica sit, recipiendi.

Rmis Ordinariis committitur officium ut praesentis decreti notitiam ad suum quisque populum pervenire faciat.

Datum Romae ex aedibus eiusdem S. Congnis die 18 Augusti 1893.

✠ F. Augustinus *Archiep.* Larissen.
Aloisius Veccia, *Secretarius.*

BOOK REVIEW.

MORAL PHILOSOPHIE.—Eine wissenschaftliche Darlegung d. sittlichen, einschliesslich d. rechtlichen Ordnung, von Victor Cathrein, S.J. Zweite, vermehrte u. verbesserte Auflage. 1893, Herder, St. Louis. B. I. pp. XIX, 538. B. II XVI, 662.

It is an encouraging sign of the state of ethical enquiry that a new edition of this great work has been so early demanded. The first edition met with a warm reception from friend and foe, and probably the hostile criticism given it both here and in Europe was the strongest proof of its sterling worth, for the censors seemed most annoyed because the author had not cast aside the principles of the Old Philosophy in order to strike out upon original, novel lines.

As the work on its first appearance was reviewed in these pages, we shall content ourselves with calling attention here simply to the principal additions and revisions made in this new issue.

The chapter on the Final End of Man, has been entirely recast bringing it closely in touch with the corresponding chapter in Fr. Costa-Rosetti's *Philosophia Moralis*. A new chapter has been inserted on the false theories regarding man's Final End, as advocated by Kant, social utilitarians and evolutionists. The chapter on the Nature of Morality is greatly remodelled, as are also the sections on the notion of Duty, and the autonomistic theory of duty.

Some other sections have been inserted, occasioned by recent increase in the literature of the subject. For instance, Fr. Nietzschi's book on *Jenseits vom Gut u. Boese* appeared two years ago. Fr. Cathrein gives a sketch of the grotesque form of egotism put for ward by this writer, and refutes it under the general caption of Moral Scepticism.

Paul Carus is a name familiar to most American readers as the editor of *The Monist*, and author of several works of a philosophical character, amongst which may be mentioned *The Ethical Problem*. The *Monism* of Carus is out-and-out pantheism, though he objects to such a title, styling his peculiar form of it *Entheism*. His ethical

system is *Meliorism*. Universal nature, he holds, comprises a vast unity wherein all the elements are in constant transition from a lower to a higher state. Two sides are discernible in the progressive development—a mechanical, and a psychic. "They depend in a measure on man's conscious participation; and this conscious participation in the evolutionary process of the soul life is moral activity. All actions that make for the preservation and furthering of the progress of psychic life are good; those that hinder are evil." But the individual agent—what of him? A wave, he is, on the ocean of the psychic life of humanity. The soul of the individual has immortality only in the soul of humanity. The individual may have immortality or at least future perdurance should the atoms now entering into his composition hereafter re-enter into a similar combination in another individual. The former will there revive in the latter. What a sublime immortality this, and what a stimulus towards lofty ethical striving! Fr. Cathrein gives us a just and sufficiently comprehensive view of the tenets of Carus, in discussing the general theory of "Progress" as a moral principle.

Besides the changes and additions which we have indicated a great number of incidental topics of minor importance, have been retouched.

It is with a certain assurance of its accomplishment that we echo the author's wish to present in this second edition a further help "towards the victory of Truth," for it is fully worthy of a champion's place in that noble cause.

ELEMENTARY COURSE OF CHRISTIAN PHILOSOPHY. Based on the principles of the best Scholastic Authors, adapted from the French of Brother Louis of Poissy, by the Brothers of the Christian Schools.—New York: P. O. Shea, 1893, pp. xxx. 535.

One is apt to take up a book like this with some misgivings. To fit even an elementary course of philosophy into the comparatively small compass of a modest 12-mo. volume seems a worse than impossible, a dangerous task. But as you read, page after page, it becomes more and more evident that the work has been done by one who has firmly grasped the essentials of philosophy and is pressing them into space which none but such a mind could find sufficiently ample.

The plan of the book as to speculative philosophy has, unless we are greatly mistaken, been adapted in the main from Sanseverino, and if so, we only regret that the great master has not been followed in his arrangement which places dynamilogy immediately after formal logic. For if the science of ideas and of the mind's faculties as criteria of truth are to be treated outside of psychology, this can only logically be done by premising the empirical side of the latter science.

The material of the book has been drawn mainly from the great recent interpreters of St. Thomas' "Wisdom"—Gondin, Liberatore, Zigliara, Gonzalez, Kleutgen, Taparelli, Prisco, etc. The thought of these philosophers is generally redigested, sometimes merely summarized or simply rendered in full. We cannot but think that the condensing process in sundry places has been carried too far, so that *brevior esset obscurus fit.* For instance, p. 84, it is said that the principle of the idealistic theory is "that the essence of the human soul consists in thought." This is certainly true of Descartes' theory. Is it true of idealism as such? Again, p. 116: "Rationalistic philosophers, especially of the Sensist school, maintain the possibility of the invention of language, but in the sense in which they explain it, it is an absurdity." It had been well to explain what that "sense" is whereof so grave a charge is made.

The sketch of the history of philosophy is extremely meagre, and considering the purpose of its being treated in the volume, something more seems to be required to make it of real service. A few additional pages would have accomplished this.

As a text-book for the class-room the work fills a hitherto vacant place on the list of our Catholic philosophical literature. It is the only complete manual of Philosophy in English for high school and college we possess. In the hands of a competent teacher, one who has made a thorough study of the works whereon it is based, it will be a useful means in forming the minds of our youth of both sexes on the principles of truth underlying both the physical sciences and revealed religion, and for introducing them to the sources of deeper learning. Students already versed in a course of philosophy will find it of service in fastening and crystallizing their present knowledge.

The English version is on the whole very creditable, all the more when we consider the difficulty of the subject. We would suggest some slight alterations, for the sake of clearness and accuracy, in a second edition, such as, for instance, in the explanation of what constitutes change, p. 217, which, in its present form, is hardly

intelligible to those not conversant with Latin. Special credit is due to the translator for the many valuable notes and references to kindred literature in English.

A no slight commendation of the work is the fact that Mgr. Amoni thought it of such merit as to render it from the original French into Latin.

THE DOGMA OF PURGATORY.—Illustrated by the Lives and Legends of the Saints. By Rev. F. X. Schouppe, S.J. Translated from the French. New York, Cincinnati, Chicago: Benziger Bros. 1893.

In days when a plausible skepticism pervades every degree of social and professional life, a book which pleads in behalf of the Church Suffering is all the more useful because it awakens the thought and fear of death in those who are inaccessible to the urgings of higher motives. The author complains, and not unjustly, that the Dogma of Purgatory is too much forgotten by the majority of the faithful, and he seeks the cause in the vagueness of our notions concerning it. To dispel this more or less general ignorance among the faithful regarding one of the most efficacious and consoling doctrines of the Church, is the principal purpose of the present book. Accordingly the Catholic dogma is clearly set forth and forms the foundation of the exhaustive treatise. Around this doctrine is grouped the teaching of the Christian Fathers, which serves as the link of Catholic traditions through all the ages, concerning the nature, place and duration of the purifying state after death. This traditional belief is not binding upon our faith but still worthy of respectful acceptance as embodying the intellectual and pious convictions of learned and holy men, whose combined judgment forms a strong plea in favor of Catholic truth.

A third feature, which is simply illustrative of the doctrine of the Church in her dogmatic definitions and patristic teaching, consists in a collection of historical facts offering sufficient motives of credibility and which include apparitions of the dead and such other incidents as indicate the presence of departed spirits, and as a rule their wish to communicate with the living. That such apparitions take place at times, is attested by Holy Writ as well as by the generally admitted statements of many credible witnesses in all ages and localities. "Such facts," says Father Schouppe, "are too multiplied to admit of doubt; the only difficulty is to establish their

connection with the world of expiation. But when these manifestations coincide with the death of persons dear to us; when they cease after prayers and reparations have been made to God in their behalf, is it not reasonable to see therein signs by which the souls make known their distress?" The author warns the reader against the two extremes of a too ready credulity on the one hand, and on the other, of that vapid skepticism which would ignore everything which appeals to supernatural evidence. The author's reputation as a searching and solid scholar in theology and Sacred Scripture vouches for the trustworthiness of the matter offered to the reader, even though the facts themselves may not, from their very nature, be such as to show that particular quality of evidence which the unbeliever demands as a condition of accepting whatever does not appeal to his bodily senses.

In accordance with the twofold light in which Purgatory may be considered the author treats his subject in two parts, namely as the mystery of justice and as the mystery of mercy. The chapters are short, that is, comprehensive, the presentation is interesting and the whole is well written. The same excellent qualities which are found in the original, have been preserved by the able translator of the learned Jesuit's book.

As a manual of spiritual reading, private or in community, and as an aid in fostering devotion to the poor souls and enlivening a sound Catholic faith, the volume deserves widespread attention.

HOW PARISHES MAY ESTABLISH SCHOLARSHIPS. By a priest of the Congregation of the Mission. Niagara University. Niagara Falls, N. Y.

What a far-reaching blessing it might prove if the thought suggested by the author of this little pamphlet were rightly carried out. The poor, more especially those of the rural districts, have at all times furnished the best candidates for the holy ministry. Removed, as a rule, from the seductions to which children in large cities are so easily accessible, the sons of the modest laborer preserve not only that simplicity of heart which, with industrious habits, becomes the best foundation for intellectual proficiency, but they are most capable of sympathizing with that vast majority of the Catholic body, the poor and abandoned, who need the leading and consolations of Christ's holy religion amid humble circumstances. A member of the missionary Order of St. Vincent de Paul, devoted